

**GRADE 1 - 5 STUDENT REFERENCE FORM**



**Purpose**

The Grade 1-5 Student Reference Form is used for admissions and/or placement purposes and will be kept confidential.

**To be completed by parent**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

**To be completed by the student's class teacher**

Thank you for taking the time and consideration to complete this form – your feedback will assist us in easing the student's transition to a new school. Please return the completed form to the Admissions Office via email (most reliable) or via fax or postal mail.

Admissions Office  
PO Box 70282  
Addis Ababa, Ethiopia  
[admissions@icsaddis.edu.et](mailto:admissions@icsaddis.edu.et)  
fax: (251) 11-371-0722

*School Contact Information*

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

School Email: \_\_\_\_\_ School Website: \_\_\_\_\_

*Evaluator Information*

Name of Person Completing Evaluation: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Employed at School: \_\_\_\_\_ Length of Time Acquainted with Student: \_\_\_\_\_

***Please indicate your evaluation of the student in the following areas:***

<b>Academic Qualities Work Habits</b>	<b>Excellent</b>	<b>Good</b>	<b>Age Appropriate</b>	<b>Below Average</b>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to/follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes time and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in class/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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We nurture the talents, character and intellect of all learners, challenging them to be a positive influence and empowering them to excel in their world.

**Please evaluate the student's math ability:**

<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level
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**Please evaluate the student's English level:**

<b>Written</b>	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent
<b>Spoken</b>	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent

**If the student is attending a school in which English is not the language of instruction, please evaluate the student's ability to:**

<b>Read in the language of instruction</b>	<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level
<b>Write in the language of instruction</b>	<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level

**Has this student ever:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Been recommended for / received extra help or special education services at your school?
<input type="checkbox"/>	<input type="checkbox"/>	Been dismissed, suspended, placed on probation or incurred serious disciplinary action?
<input type="checkbox"/>	<input type="checkbox"/>	Been recommended for or involved in individual or group counseling?

*If you answered yes to any of the above questions, please provide further explanation on a separate piece of paper.*

<b>Family Information</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Do Not Know</b>
Parent cooperation with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent cooperation with school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent involvement with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the first three words or phrases that come to mind when describing this student?

Is there anything we should know about this student – personal circumstances, special factors, obstacles – that may play a part in his or her academic standing and social development?

Any general comments on the student:

Evaluator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_