



**Elementary Confidential Reference: (To Be Completed By Pre School – Grade 5 Teacher)**

This form is to be completed by a teacher or counselor nominated by the parents. If the student is in a learning support program, please have this form completed by the learning support teacher.

Dear Teacher or Counselor,

The student listed below is applying to the American International School of Kingston. We appreciate your willingness to help us in our admissions process by completing the form. All information is confidential and will not be released to non-AISK staff.

AISK is an independent Pre School to Grade 12 School that embraces an international best practice education and culminates in the International Baccalaureate Diploma Program.

Name of Student	Current Grade	Your relationship to student
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- How long have you known this student? \_\_\_\_\_
- What are the first words that come to mind when describing this student?  
\_\_\_\_\_
- Please rate the student's progress on the following:

Quality	Below Average	Average	Above Average	Outstanding
Independence in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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4. What do you see as the student’s two greatest strengths? \_\_\_\_\_

5. Please describe his /her relationship with peers. \_\_\_\_\_  
 \_\_\_\_\_

6. Please describe his/her relationship with adults. \_\_\_\_\_  
 \_\_\_\_\_

7. What two goals would you have for him/her in the coming year? \_\_\_\_\_  
 \_\_\_\_\_

8. Please rate the child’s English language level on a scale of 1 to 8 below:

1(New to English)    2                    3                    4                    5                    6                    7                    8(Native speaker)

9. Are the parents supportive? Please describe: \_\_\_\_\_  
 \_\_\_\_\_

10. Does this student require any additional support in your school?       Yes                     No  
 If yes, please describe. \_\_\_\_\_

11. Please add any additional comments that would help us to facilitate his/her transition to AISK  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Are there any concerns we should be aware of? \_\_\_\_\_  
 I would rather be contacted by telephone.

**The teacher or counselor who filled in the above information should complete the following section.  
 Please email to [admissions@aisk.com](mailto:admissions@aisk.com) or fax to 1 (876) 702-2074.**

School		Date
Teacher/Counselor name	Email	Telephone