

西町 *Nishimachi International School*

Confidential Student Reference (1-9)

To the present teacher of the applicant:

My/our child is applying to Nishimachi International School. I/we appreciate your assistance in completing this confidential reference form and give permission to provide the information required. I/we waive any right to read the completed document.

Child's name: _____

Parent/Guardian: _____ Date: _____

This reference is an important part of the application to Nishimachi International School. Your cooperation in providing a confidential, full and candid report will be greatly appreciated. Please return the completed form to the Admissions Office, Nishimachi International School, 2-14-7 Moto-Azabu, Minato-ku, Tokyo 106-0046, Japan) in a sealed envelope, by fax (+81-3-3456-0197) or by e-mail attachment to admissions@nishimachi.ac.jp.

Name of student: _____ Current grade _____

Name and address of current school: _____

School phone _____ Fax _____ e-mail _____

Name and title of person completing this form _____

How long and in what capacity have you known the student? _____

Please indicate your evaluation of the student.

	No Opportunity to observe	Below Average	Average	Good	Superior
ACADEMIC QUALITIES					
Learning potential.....	<input type="checkbox"/>				
Academic achievement.....	<input type="checkbox"/>				
Intellectual curiosity.....	<input type="checkbox"/>				
Study habits.....	<input type="checkbox"/>				
Organizational skills.....	<input type="checkbox"/>				
Ability to work independently.....	<input type="checkbox"/>				
Ability to communicate ideas.....	<input type="checkbox"/>				
Critical thinking skills.....	<input type="checkbox"/>				
Class participation.....	<input type="checkbox"/>				
Mathematics performance.....	<input type="checkbox"/>				
Reading performance.....	<input type="checkbox"/>				
Writing performance.....	<input type="checkbox"/>				
Overall assessment.....					

PERSONAL QUALITIES

Honesty.....	<input type="checkbox"/>				
Adaptability / flexibility.....	<input type="checkbox"/>				
Self-confidence.....	<input type="checkbox"/>				
Attentive / focused.....	<input type="checkbox"/>				
Consideration for others.....	<input type="checkbox"/>				
Personal behavior.....	<input type="checkbox"/>				
Ability to act independently.....	<input type="checkbox"/>				
Leadership.....	<input type="checkbox"/>				
Relationship with peers.....	<input type="checkbox"/>				
Relationship with adults.....	<input type="checkbox"/>				
Co-curricular involvement.....	<input type="checkbox"/>				
Overall assessment.....					

Name of student: _____

Describe this student's major strengths and weaknesses.

What special talents or abilities does this student possess?

Have there been any disciplinary, emotional, or other concerns that you know of regarding this student? Please elaborate.

Has this student been given a psycho-educational evaluation and is he or she receiving any special education services and/or tutoring support? Please elaborate.

Are the parents supportive of school policies? Yes _____ No _____

Are the parents responsive to school suggestions? Yes _____ No _____

Any additional information that you feel is relevant will be appreciated:

Signature

month / date / year