

Confidential School Recommendation Letter for K1 and K2

To be completed by the teacher, principal or counselor
who is most familiar with the child.

Name of Applicant: _____ Date of Birth: M _____ D _____ Y _____

Current Grade: _____ Applying for grade: _____ Academic Year: _____

PARENT OR GUARDIAN: please write your child's name and grade in the spaces provided read and sign the following before submitting to your child's **school**.

I understand and agree that the information contained in the recommendation is **confidential**. I also understand that this form will not be available to the applicant, parents or anyone outside the admission committee.

Signature of Parent or Guardian: _____ **Date:** _____

TEACHER: If your school is in the Eastern Province please complete this form and return it to the parent in a sealed envelope. All other schools send to **admission@ipsksa.com** or **Fax to +966-13-8570076** or **bring in sealed envelope**. This form will be treated confidentially and will not be shared with parents.

Please provide information on the child's current educational program.

1-Class size _____ 2- Language of instruction _____

2-Please list language in order of proficiency: _____

3-Check the appropriate boxes in the following domains:

	Above Level	On Level	Below Level	Significant Concern
Social/Emotional development				
Cognitive development				
Fine Motor development				
Gross Motor development				
Speech & Language dev.				
Separation Issues				

4- Check the appropriate box for student's attitude and behavior:

	Very Good	Good	Needs Improvement	Unsatisfactory
Attitude				
Follows directions/completes				
Attentive/Focused				
Relationship with peers				

5--How does the child handle conflict?

6-Please check Yes or No:

	Yes	No
Does this student have special behavioral, psychological, or emotional needs that might impact the student's chances of success in school?		
Are you aware of any special testing results or evaluations?		
Is this child receiving any special medication related to assisting them in the school setting?		
Are there any special strategies or interventions that have been used with this student that you would recommend?		
Do you have any reason to suggest that this student be evaluated and/or referred for special educational or psychological services?		

If you answered Yes to any of the questions above, please explain.

7-Is this student toilet trained? Yes / No.

8- To assist us with class placement: Is there a student currently in this student's class who is also an applicant for the IPS Kindergarten program? If so would you suggest placement in the same class or a different class? Please check one and indicate the student's name(s):

Student's name: _____ Place in same class Place in different class

9-Please comment on the parents' role in their child's education and their support of school policies.

Thank you for your help in our admission process!

Date _____

Name: _____ Title: _____ Signature: _____

Name and address of school: _____

Contact phone number: _____ Email: _____