



Application

American International School • Vienna

Confidential Classroom Teacher Reference Form (PK/KG, Grades 1-5)

Applicant Information			
Name	:	School	: AMERICAN INTERNATIONAL SCHOOL VIENNA
Current Grade	:	Program	: Elementary School
School Year	:		

Classroom Teacher Information	
*Your Name:	
*E-Mail Address	
School Name:	
School Address:	
School Phone Number:	
School Fax Number:	
*SIGNATURE AND DATE:	

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

Subjects / Achievements	
Writing / Reading / Math: If you have taught this child any of these subjects, please select the achievement level in the appropriate area. Excellent / Good / Average / Below Average / Needs Improvement	
Student achievement: Writing	
Student achievement: Reading	
Student achievement: Math	

Subjects / Programs Used
Writing: If you use a published or professionally developed program, please identify it here.
Reading: If you use a published or professionally developed program, please identify it here.
Reading: Please indicate the child's present reading level.
Math: If you use a published or professionally developed program, please identify it here.



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Strengths / Weaknesses

What are the strengths and weaknesses of this student?

Social Development / Classroom Skills

Ability to form friendships:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent
Ability to follow rules and routines:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent
Listening ability:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent
Ability to work independently:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent
Ability to focus on task:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent
Family support and involvement in child's learning:	<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Good	<input type="radio"/> Excellent

Comments on above questions

Grade Level Retention

Has this child ever been retained at any grade level? If so, give the grade and dates.

Behavior / Discipline

Have there been any behavioral or disciplinary concerns with this child?



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Services Received

Does this student receive any of the following services?

Learning / special educational needs support, services for diagnosed learning disability:	<input type="radio"/> Yes	<input type="radio"/> No
Educational / Psychological:	<input type="radio"/> Yes	<input type="radio"/> No
Speech / Language Therapy:	<input type="radio"/> Yes	<input type="radio"/> No
English as an Additional Language Program (EAL):	<input type="radio"/> Yes	<input type="radio"/> No
Physical or Occupational Therapy:	<input type="radio"/> Yes	<input type="radio"/> No
Counseling / Individual behavior program:	<input type="radio"/> Yes	<input type="radio"/> No

Details / Comments on Services Received

Please enter any relevant information regarding the above question.

Possible Needs for Future Support Services

Do you think this child may have any undiagnosed learning disabilities or require any support / services of a specialist, for example, speech and language or occupational therapist, counselor or psychologist / psychiatrist, reading or other remedial specialist?

_____ **Yes** _____ **No**

Please specify:

Do you think this child should receive or continue to receive English language support?

_____ **Yes** _____ **No**

Phone Contact

Are there any comments that you would prefer to share in a telephone conversation? If yes, please check here

Contact for Additional Information

Phone number to contact you on for additional information:

Best time to call (local time):

SCHOOL STAMP: