



Application

American International School • Vienna

CONFIDENTIAL Principal / Counselor Recommendation Form (Grades 9-12)

Applicant Information

* **Name** : _____ **School** : AMERICAN INTERNATIONAL SCHOOL VIENNA
 * **Grade** : _____ **Program** : High School
 * **School Year** : _____

* Required Fields

Principal or Counselor Information

*Your name:	
*School Name:	
School Address:	
School Phone Number:	
*E-Mail Address:	

Description of Student

How long have you known this student and in what capacity?

Please select the words that best describe this student:

- | | | | | | |
|--|--|---|--------------------------------------|---|--|
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Honest | <input type="checkbox"/> Positive Leader | <input type="checkbox"/> Well-Liked | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Negative Leader |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Mature | <input type="checkbox"/> Responsible | <input type="checkbox"/> Witty | <input type="checkbox"/> Follower | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Motivated | <input type="checkbox"/> Self-Disciplined | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Immature | <input type="checkbox"/> Overprotected |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Organized | <input type="checkbox"/> Social | <input type="checkbox"/> Anxious | <input type="checkbox"/> Irritable | <input type="checkbox"/> Self-Centered |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Vivacious | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Shy |

Others aside from the above, please specify:

Please briefly describe this student's work habits / abilities.

Is this student habitually absent or tardy? If yes, please explain.

Does this student experience or suffer from emotional difficulties?

Please describe the school and family partnership including any comments on parent cooperation and support of the child's school experience.

Kindly share anything regarding the family that would be helpful for us to know.



Application

American International School • Vienna

Academic Qualities

Using the scale below, how would you rate the student?

Study habits and organization:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Attention span:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Motivation and drive:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Expresses himself / herself orally:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Expresses himself / herself in writing:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Mathematical aptitude:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Critical and abstract thinking skills:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Reading ability:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed

Social Development

Using the scale below, how would you rate the student?

Ability to form friendships:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Independence from home:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to adjust behavior to new situations:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to follow rules and routines:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to follow directions:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to work independently:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to focus on task:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Participation in group activities:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
Ability to complete assigned work:	<input type="checkbox"/> Superior	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed

Evaluative Process

Has this student ever been recommended for any evaluative process including diagnostic assessment, psycho-educational testing, psychological counseling, speech, physical/occupational or other therapies?

Yes No

If yes, please explain.

Has a psycho-educational, learning specialist or therapist's evaluation been carried out to document any of the above difficulties or disabilities?

Yes No

If yes, please submit a copy of the report with this form.



Application

American International School • Vienna

KNOWN / DIAGNOSED DISABILITIES OR SPECIAL EDUCATIONAL NEEDS

Has this student ever been diagnosed with or treated for the following? (YES / NO)

Dyslexia	
Dyspraxia	
ADD / ADHD	
Asperger Disorder	
Autism Spectrum Disorder	
Physical (Gross Motor / Fine Motor) Impairments	
Speech Delay or Impairments	
Other Learning Disabilities	

If you answered yes to any of the above, please provide details:

Program Participation

Has the applicant ever **participated** in one or more of the following programs at or in cooperation with your school? (YES/ NO)

English as an Additional Language:	
Remedial / Learning Support:	
Physical / Occupational Therapy:	
Speech / Language Therapy:	
Learning Disability Support:	
ADD / ADHD Support:	
Behavior Management:	
Psychological Counseling:	
OTHER, please specify below	

If you answered yes to any of the above, please provide details and provide any progress report or evaluation:

Learning Accommodations

Does the candidate receive any of the following accommodations? (YES/ NO)

Extended time for examinations	
--------------------------------	--



Application

American International School • Vienna

Use of electronic devices during examinations	
OTHER special accommodations (please specify below)	
If you answered yes to any of the above, please provide details:	

RE-ENROLLMENT	
If this student were to re-apply at your school, will you admit him/her again?	<input type="checkbox"/> YES <input type="checkbox"/> Maybe <input type="checkbox"/> NO
Phone Contact	
Are there any comments that you would prefer to share in a telephone conversation?	<input type="checkbox"/> If YES, please tick this box.

Contact for Additional Info	
Phone number to contact you on for additional information:	
Best time to call (local time):	

SIGNATURE / SCHOOL STAMP OR SEAL