



CONFIDENTIAL SCHOOL REPORT

(This information will only be shared with ISK personnel assessing admissions applications)

WE ASK THAT THIS FORM BE COMPLETED BY THE **HEAD** OF THE SCHOOL OR **COUNSELOR** OF THE LAST SCHOOL ATTENDED. THIS FORM MUST BE SENT DIRECTLY TO THE SCHOOL IN A SEALED ENVELOPE OR VIA EMAIL TO : registrar@isk.ac.ke.

Student's Name:

Last

First

Middle

Date of Birth: (MM/DD/YYYY) _____

Currently studying at the grade ____ level. Number of years of formal education (Post-Kindergarten) _____

If the student is applying for High School. please indicate how many years of high school will the student have completed when he/she joins ISK. _____

QUESTIONNAIRE

Please indicate your present estimate of the candidate by a check mark (√).	Outstanding	Above Average	Average	Below Average	Poor
Intellectual Curiosity					
Creativity					
Ability to Maintain Focus					
Persistence					
Academic Performance in Relation to Fellow Students					
Positive Influence on Peers					
Emotional Stability					
Confidence					
Cooperation					
Self Esteem					
Responsibility					
Concern for Others					
Participation in Class					
Leadership Ability					

Please rate this student with regard to academic potential leading to post-secondary education.

(Weak) 1 2 3 4 5 6 7 (Strong)

What are the student's strengths?

What are the student's challenges?

English Language Proficiency					
Spoken		Fluent		Developing	Beginner
Written		Fluent		Developing	Beginner
If English is <i>not</i> their first language, has there been any concern raised regarding the student's learning in his/her native language?					

	YES	NO
To your knowledge, has this student ever repeated a grade? If yes, please provide details.		
Does the student require a specialized education program? If yes, please provide details and pertinent documentation.		
Please note: <i>The International School of Kenya can support students with mild specific learning disabilities, but we are not equipped at this time to provide special education or the facilities for students with moderate or severe learning or physical disabilities.</i>		
	YES	NO
Has the student ever been referred to a school administrator for disciplinary reasons? If yes, please provide details		
Has this student ever had a behavioural or academic assessment? If yes, please list evaluator's credentials.		
Has this student ever been suspended, expelled or withdrawn from school due to the behavior or academic reasons?		
Has the student been recommended for, or has he/she been involved in, individual or group counselling? If yes, please explain.		
Please list extracurricular activities in which this student is, or has been involved this year. (Sports, Music, Drama, Committees, etc)		
Please describe this family's level of involvement in their child's education.		
How realistic is this family's view of their child as a learner?		

Official's Name: _____ Position: _____

Name of School: _____

Address of School: _____

Telephone: _____ Email: _____

Signature : _____ Date: (MM/DD/YYYY)_____

Place school stamp here