

## CONFIDENTIAL SCHOOL REPORT JUNIOR SCHOOL (KINDER - GRADE 5)

To be completed by Head of School or designated official. Please write in block letters. Please return completed form and requested documentation before admission can be processed to:

Attention: Registrar  
The International School of Uganda  
P.O. Box 4200, Kampala, Uganda

Telephone: (+256) 0414 - 200374/ 8/ 9  
Fax: (+256) 0414 - 200303  
E-Mail: registrar@isumail.ac.ug

Name of Student - First \_\_\_\_\_ Middle \_\_\_\_\_  
Surname \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

This student is applying to The International School of Uganda, a private, not for profit, co-educational, college preparatory, international school. ISU is committed to educating students from diverse cultures to achieve academic excellence. The program of studies is designed to challenge the average to above average student in grades PG to 12. 95% of our graduates attend university. In order to determine whether the student can be successful at our school, we are interested in knowing as much as possible about the student's academic potential, achievement, character and social development.

Currently studying at the grade \_\_\_\_\_ level. No. of years at current school \_\_\_\_\_

- Please forward a copy of the student's reports for the last three years.
- Please attach copies of any recent standardized test scores, if available.
- Please complete the following questionnaire.

Please indicate your present estimate of the candidate by a check mark:

	Outstanding	Above Average	Average	Below Average	Poor
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Maintain Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Influence & Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the student's greatest strenghts? \_\_\_\_\_  
\_\_\_\_\_

What are the student's greatest challenges? \_\_\_\_\_  
\_\_\_\_\_

English Language Proficiency		Mother Tongue	
Spoken		Spoken	
Fluent <input type="checkbox"/>	Written <input type="checkbox"/>	Fluent <input type="checkbox"/>	Written <input type="checkbox"/>
Developing <input type="checkbox"/>	Developing <input type="checkbox"/>	Developing <input type="checkbox"/>	Developing <input type="checkbox"/>
Beginner <input type="checkbox"/>	Beginner <input type="checkbox"/>	Beginner <input type="checkbox"/>	Beginner <input type="checkbox"/>

To your knowledge, has this student ever repeated a grade? Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

Does the student possess any diagnosed learning disability? Yes  No

If yes, please provide details.

ADD/ ADHD  Dyslexia  Speech or Language Development

Sensory or Motor Development  Other \_\_\_\_\_

Please note that the ISU does have a special needs program but we are not equipped at this time to provide special education or the facilities for moderately or severely handicapped students.

Do test results require parental consent for release of information? Yes  No

Has an educational or behavioral assessment ever been recommended? Yes  No

Has the student been recommended for or involved in individual or group counseling? Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

Please list extracurricular activities in which this student is or has been involved (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 this student as a learner? \_\_\_\_\_  
\_\_\_\_\_

Official's Name \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_