

## British School of Chicago

**To the parents/guardians:**

This confidential recommendation must be faxed, scanned, or mailed directly from the applicant's current school. Please complete this top portion and submit it to your school.

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Name of applicant

Current Grade/Year

I authorize the release of my child's academic records to British School of Chicago.

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Signature of parent/guardian

Date

**To the teacher:**

British School of Chicago is an independent school in Chicago. Thank you for completing this form as part of the application for admission. Please be as candid as possible about the applicant's academic background and ability. All information received from you is confidential. Please return the completed form with a copy of the most recent school report/report card and any standardized test results held by the school.

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Teacher name

Title

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Name of school

Telephone

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School address

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How long have you known this child?

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How long has the child attended your school?

What are the first words that come to mind when describing the child?

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(over)

British School of Chicago

Conduct	Advanced for age	Appropriate for age	Needs development	Comments
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Excellent	Good	Fair	Poor	Comments
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reads for pleasure	<input type="checkbox"/> Much	<input type="checkbox"/> Some	<input type="checkbox"/> Little		_____

Academic skill development	Beyond age expectations	Appropriate for age	Needs development	Not at an acceptable level	Comments
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Math level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

UK Exam Results (if applicable):

1. NFER/CAT (please circle the correct test) scores in:
- a. Verbal \_\_\_\_\_
- b. Non-Verbal \_\_\_\_\_
- c. Maths \_\_\_\_\_
2. KS2 SAT in:
- a. Reading \_\_\_\_\_
- b. Writing \_\_\_\_\_
- c. Maths \_\_\_\_\_

We would appreciate any additional comments and observations concerning the strengths, weaknesses, health, or special needs of this child, attaching additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicant has not taken UK Exams, please include results from standardized tests (local, state, national).

Does the applicant have any outstanding abilities or deficiencies not covered in the above categories?  Yes\*  No

Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding this student?  Yes\*  No

Have you observed signs of any learning disability?  Yes\*  No

Has the applicant had any disciplinary issues?  Yes\*  No

\*If yes on any of these questions, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form with a copy of the most recent school report/report card directly to:

Admissions  
 British School of Chicago  
 814 W. Eastman Street • Chicago, Illinois 60642 • 773.506.2097  
 www.britishschoolofchicago.org • admissionsbsc@britishschool.org