

Daystar Academy Confidential Student Recommendation Form Elementary School

This form is to be completed by your child's lead teacher or school counselor. If the student is in a Learning Support program, please have this form completed by the Learning Support Teacher.

The following student has applied for Admission to Daystar Academy . Please facilitate this applicant's transition to Daystar Academy by completing the form below and **returning it confidentially, to Admissions, Daystar Academy, No. 2 Shunbai Road, Chao Yang District, Beijing 100121, PRC. Fax: +8610 8470 5221 or by e-mail to adminoffice@daystarchina.cn**

All information in this form is confidential and will not be released to non-Daystar staff.

Name of Student _____ Your Relationship to Student _____

1. How long have you known this student?

2. What are the first words that come to mind when describing this student?

3. Please rate the students progress so far on the following:

Quality	Below Average	Average Average	Above	Outstanding
Independent in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What do you see as the student's two greatest strengths?

5. Please describe his/her relationship with peers.

6. Please describe his/her relationship with adults.

7. What two goals would you have for him/her in the coming year/term?

8. If applicable, please rate the child's English language level on a scale of 1 to 5 below:

1 2 3 4 5
(New to English) (Native Speaker)

9. If applicable, please rate the child's Chinese language level on a scale of 1 to 5 below:

1 2 3 4 5
(New to Chinese) (Native Speaker)

10. Are the parents supportive? Do they follow through on specific school recommendations? Are parental expectations realistic?

11. Does this student require any additional support in your school? Yes No
Please describe:

12. Please add any additional comments that will help us to facilitate his/her transition to Daystar.

13. Are there any special concerns about the child's attendance or promptness in arrival or departure?

14. Are there any concerns we should be aware of?

The Teacher or Counselor who filled in the above information should complete the following section.

School: _____ Date: _____

Teacher/Counselor Name (print): _____ Position: _____

Contact Details (email, telephone): _____

I would rather be contacted by telephone

We sincerely appreciate your cooperation in helping to evaluate this applicant and assure you that this information will be held in confidence.