

Notes to parents/guardians of applicant: Request that at least one teacher completes this form. Teachers must return this form directly to the Anglo-American School of Moscow.

Notes to teachers: Information from teachers is extremely valuable to our Admissions Department in determining if the Anglo-American School is an appropriate setting for a student. Based on your professional opinion, please complete this form and return it to us at your earliest convenience. Your response will remain confidential. If any question does not apply to this student, please mark "N/A".

Child's Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Teacher's Name: _____

How long have you known this child?: _____

Dominance Right: _____ Left: _____ Not established: _____

CATEGORY	Area of Strength	Age Appropriate	Progressing	Area of Concern	N/A
PHYSICAL DEVELOPMENT					
Gross motor coordination					
Sense of body in space					
Gait, fluidity, smoothness of movement					
Participates in physical group activities					
Fine motor coordination					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					

Comments: _____

CATEGORY	Area of Strength	Age Appropriate	Progressing	Area of Concern	N/A
INTELLECTUAL DEVELOPMENT:					
Receptive Skills					
Follows directions given to a group					
Follows directions given individually					
Follows multiple step directions					
Understands stories read aloud					
Understands classroom discussion					
Memory for events and information					
Expressive Skills					
Clarity of speech					
Fluency of expression					
Vocabulary					
Ability to stay on discussion topic					
Word retrieval					
Appropriate syntax					
Tells story events in sequence					
Reading Readiness					
Sound-symbol correspondence					
Recognises letters – upper case					
Recognises letters - lower case					
Rhyming					
Mathematics					
Recognises shapes					
Recognises numerals					
Understands one-to-one correspondence					
Patterning					
Categorising					
Understands comparative terms (size/time)					

Comments: _____

CATEGORY	Area of Strength	Age Appropriate	Progressing	Area of Concern	N/A
SOCIAL/EMOTIONAL DEVELOPMENT:					
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Seeks help when needed					
Resolves conflicts verbally					
Internalisation of classroom routine					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for own property					
Respect for others' property					
Accepts responsibility for actions					
Ability to tolerate frustration /self-chosen activity					
Ability to tolerate frustration / assigned activity					
Sense of humour					
Curiosity					
Self-starter					
Attention span/self-chosen activity					
Attention span/assigned activity					
Completes tasks					
Co-operative attitude					
Leadership skills					
Ability to follow peers					
Respects classroom routines					
Makes transitions easily					
Reacts well to new experience					
Accepts change					
Comfort with large group					
Comfort with small group					
Comfort alone					

Usually chooses: Large group _____ Small Group _____ Alone _____

Usually takes roll of: Leader _____ Follower _____ Varies _____

Is this child ready for a full-day school programme?

 Yes

 No

Are the student's parents supportive of the programmes and policies of the school?

 Yes

 No

Please comment in more detail on special or unique intellectual qualities of this student (intuition, creativity, vocabulary, mathematical understanding, imagination, learning preferences, artistic or musical talent etc.).

Please comment on the social skills, citizenship and character of this student (group interaction skills, attitude, leadership, initiative, responsibility, empathy, sensitivity, independence etc.).

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

Are there any additional comments you feel are important regarding this child?

Is there any additional information that can be better conveyed in a 'phone conversation?

 Yes

 No

If we need further information, may we contact you?

 Yes

 No

Form completed by: _____

Position _____

Signature: _____

Date: _____

Please return this form to the Anglo-American School of St. Petersburg
by fax at **+7 (812) 320.8925** or through e-mail to **Nastia.Smirnova@aas.ru**