



**Confidential School Report Form (5 - 12 years old)**

**Please ask your current institution to send directly to the Deutsche Schule Kobe International**

Student Name (First / Middle / Last)
Date of birth (Day / Month / Year)
Male / female
Nationality

<b>Academic performance</b>					
	Unable to observe	Poor	Average	Good	Excellent
Academic potential					
Academic achievement					
Maths performance					
Reading performance					
Writing performance					
Is a self directed learner with flexible mindset					
Study habits					
Organizational skills					
Ability to work independently					
Ability to communicate ideas					
Uses critical thinking to evaluate, make connections and reflect on information					
Class participation					
Overall assessment					



<b>Personal, social emotional</b>					
	Unable to observe	Poor	Average	Good	Excellent
Relationship with peers					
Relationship with adults					
Co-curricular involvement					
Honesty					
Openness to constructive criticism					
Adaptability					
Self confidence					
Attentiveness					
Shows consideration to others					
Respect for diversity					
Personal behaviour					
Ability to act independently					
Leadership					
Overall assessment					

<b>What support services, testing if any has the applicant received? Please check if previously or presently participated in any of the services listed.</b>	
Gifted and talented	
Behaviour management	
Occupational therapy	
Speech/language therapy	
IEP/Learning support plan	
ESL support	
Special resource classroom	
Psychological evaluation	



Learning support	
Complicated medical history	
Other	
Please give details of any checked programmes	

What words come to mind to describe the applicant's strengths and next areas of growth?
What special talents or abilities does the applicant possess?
How does this student respond when they hit a point in their learning when they face a challenge?
Please describe the applicants language ability
Are the parents supportive of the school programme?
Do the parents engage well with the school community?

Name of person completing this form
Position
School name / address
Phone number / email address
Signature / Date