



**CONFIDENTIAL SCHOOL REPORT FORM – Pre Kindergarten - Grade 5)**

TO BE COMPLETED BY HEAD OF SCHOOL OR DESIGNATED OFFICIAL

Return completed form and requested documentation by \_\_\_\_\_ 200\_\_

**American International School Of Lagos.  
Behind 1004, Federal Housing Estate,  
Victoria Island.  
Lagos, Nigeria**

**Tel: 461-0985/7, 774-1888  
Fax: 261-7794/ 461-0986  
Email: information@aislagos.com**

INSTRUCTIONS

STUDENT'S NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

DATE OF BIRTH: \_\_\_\_\_

This student is applying to AISL, a private, not for profit, co-educational, college preparatory, international school. AISL 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 PK-10. 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. Number of years at current school \_\_\_\_\_

1. Please forward a copy of the student's last 2 years reports.
2. Please attach copies of any recent standardized test scores, if available.
3. Please complete the following questionnaire.

**QUESTIONNAIRE**

1	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 and leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 What are the student's greatest strengths?  
 \_\_\_\_\_

(over)

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

# AMERICAN INTERNATIONAL SCHOOL OF LAGOS, NIGERIA

**4** English Language Proficiency Native Language

Spoken: <input type="checkbox"/> Fluent	Written: <input type="checkbox"/> Fluent	Spoken: <input type="checkbox"/> Fluent	Written: <input type="checkbox"/> Fluent
<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

---

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

If yes, please provide details.

---

**6** Does the student possess any diagnosed learning disability? Yes  No

ADD/ADHD     Dyslexia     Speech or Language development     Sensory or Motor development  
 Other

If yes, please provide details

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

Please note: AISL 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.

---

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

---

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

If yes, please explain?

---

**9** Please list extracurricular activities in which this student is, or has been involved. (Sports, music, drama, committees, etc)

---

**10** Please describe this family's level of involvement in their child's education.

---

**11** How realistic is this family's view of their child as a learner?

---

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

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_