

School Report

TO THE PARENT/STUDENT: Please give this form to your head of school, principal, or guidance counselor.

Student's name _____
FIRST MIDDLE LAST CURRENT GRADE

Student's address _____
STREET CITY STATE ZIP CODE COUNTRY

Current School _____ Previous School Attended _____

TO THE SCHOOL OFFICIAL: The student named above is a candidate for admission at the *American International School of Lagos*. The Admissions Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. **Please complete this form and email a scanned copy to AISL Admissions Director: admissions@aislagos.org**

How well do you know the student academically? _____ As a person? _____

Please Include.

Final or mid-semester grades for fall term (must be included)

Recent teachers reports, if any

Grades since 6th grade, if available

A school profile, if available

Standardized test scores

An official transcript

School serves grade: _____ to _____ Number of students in entire school: _____

In what month does your school year begin? _____ End? _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

Does your school rank? Yes No Is your rank: Approximate Exact

How many students are in the entire grade? _____

This candidate ranks _____ out of _____ other students share this rank.

Does your school use a block scheduling system? Yes No

Are students placed in sections according to ability? Yes No. If yes, please tell us in which level the applicant is placed for each subject.

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not, been in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction?

Yes No

Has he or she withdrawn from school voluntarily for an extended period or time for reasons other than those of health?

Yes No

If the answer to either or both of these questions is **yes**, please provide a full explanation on a separate piece of paper.

Please place check marks at the points that represent your evaluation of the students in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is weak in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence.

Please complete this form and email a scanned copy to AISL Admissions Director: admissions@aislagos.org

SIGNATURE DATE

PRINTED NAME

TITLE

SCHOOL ADDRESS

E-MAIL ADDRESS

() _____
TELEPHONE

TO THE PARENT/STUDENT: Please give this form to your current Mathematics teacher.

Current Mathematics Teacher

Student's name _____
FIRST MIDDLE LAST CURRENT GRADE

Student's address _____
STREET CITY STATE ZIP CODE COUNTRY

Current School _____

TO THE TEACHER: The student named above is a candidate for admission at the *American International School of Lagos*. The admission Committee places considerable weight on the academic and personal qualification of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. **Please complete this form and email a scanned copy to AISL Admissions Director: admissions@aislagos.org**

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is the class? _____

What course (s)? _____ Is the student on a block schedule? _____

Next year, what math course would be the most appropriate placement for the student? _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many American secondary schools. Please check those courses or list others that the student will have completed by the end of the current school year.

_____ Basic First Year Algebra (does not include extensive study of rational expression. Irrational numbers and quadratic equations)

_____ First Year Algebra (a through course which includes quadratics)

_____ Geometry

_____ Second Year Algebra (not including trigonometry)

_____ Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)

_____ Pre-Calculus (including analytical trigonometry)

_____ Calculus (an introduction)

_____ Calculus (Advanced Placement AB)

_____ Calculus (Advanced Placement BC)

_____ MYP Math year 5

_____ MYP Math year 4

_____ MYP Math year 3

_____ MYP Math year 2

_____ MYP Math year 1

Please evaluate the candidate in relation to other students of the same age/grade you gave taught. Please check the appropriate box for each item below.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Knowledge of the basic skills						
Accuracy in the use of basic skills						
Problem solving ability						
Reasoning ability						
Understanding of and appreciation for the underlying ideas and concepts						
Effort						
Overall Performance						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of mathematics when compared to other students whom you gave taught						

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say no.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take intellectual Risks						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is weak in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admission Committee and others deemed necessary by the dean of admission.

Please complete this form and email a scanned copy to AISL Admissions Director: admissions@aislagos.org

SIGNATURE

DATE

PRINTED NAME

TITLE

SCHOOL ADDRESS

E-MAIL ADDRESS

(_____) _____

TELEPHONE

TO THE PARENT/STUDENT: Please give this form to your current English teacher.

Student's name _____
FIRST
MIDDLE
LAST
CURRENT GRADE

Student's address _____
STREET
CITY
STATE
ZIP CODE
COUNTRY

Current School _____

TO THE TEACHER: The student named above is a candidate for admission at the *American International School of Lagos*. The admission Committee places considerable weight on the academic and personal qualification of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. **Please complete this form and email a scanned copy to AISL Admissions Director: admissions@aislagos.org**

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is the class? _____

What course (s)? _____ Is the student on a block schedule? _____

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understands what he or she has read?

How well does the student write in comparison with other students you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or constructive criticism?

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say no.

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Honesty/Integrity						
Self-esteem						

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Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is weak in any areas listed above, please elaborate.

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Please comment on this student's character, citizenship, and contributions to your community.

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SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

E-MAIL ADDRESS

TITLE

(_____) _____
TELEPHONE

AMERICAN INTERNATIONAL SCHOOL LAGOS, NIGERIA

Please return this form **DIRECTLY** to AISL Admissions Office: admissions@aislagos.org

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

SAFEGUARDING AND CHILD PROTECTION FILE – TRANSFER INFORMATION

To be completed by the guidance counselor or designated official.

Thank you for your cooperation.

Student's Name: _____
Last Name First Name

Date of Birth: _____ / _____ / _____
Month Day Year

Name and Address of School:

Official's Name: _____ **Position:** _____

Telephone: _____ **Email:** _____

I confirm that there are **NO** safeguarding and child protection files for the above named child.

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

The Safeguarding and Child Protection File for: _____
will be sent to the American International School of Lagos by secure means.

Date sent: _____