



THE INTERNATIONAL SCHOOL OF KUALA LUMPUR

Grade 1 to Grade 5 Confidential Reference Form

The student listed below is applying for admission to the International School of Kuala Lumpur. Your candid and thoughtful evaluation is helpful to our admissions process, and we thank you for taking the time to complete this confidential reference form. Please return this form directly to ISKL's Admissions Office. Please be assured that this information will not be shared with the applicant or his/her family.

Applicant's Name: _____

Name and title of person completing the form: _____

How long have you know this applicant: _____ Current Grade Level: _____

In what capacity? Classroom Teacher Counselor Principal Other please specify _____

PERSONAL DEVELOPMENT

Needs Development *Age Appropriate* *Exceeds Age Expectations* *No Basis for Judgment*

Attention skills, concentration, focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LISTENING: Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original thinking, creativity of approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	READING: Decoding Comprehension For pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation, effort, drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and productively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WRITING: Mechanics Spelling Organisation of ideas Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPEAKING: Fluency, clarity of expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATH: Sense of number Computation Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits, organisation, task completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spatial Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take risks, try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Fine motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gross motor development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

ENGLISH AS AN ADDITIONAL LANGUAGE

1. Does the student speak any language(s) other than English? Yes No

a. If yes, what is the student's level of English proficiency?

Listening : Beginner Intermediate Advanced Fluent Native Speaker

Speaking : Beginner Intermediate Advanced Fluent Native Speaker

Writing : Beginner Intermediate Advanced Fluent Native Speaker

Reading : Beginner Intermediate Advanced Fluent Native Speaker

Updated: Aug 2018

b. Does the student receive English language learning support? How many hours in a week?

At School Yes No Hours/Week ___ / ___ Out of School Yes No Hours/Week ___ / ___

c. Does the student's English language proficiency impact his/her learning? Yes No

If yes, please comment: _____

d. Would the student benefit from English language support at ISKL? Yes No

If yes, please comment: _____

2. What support services, if any, has the applicant received? Check if previously or presently participating in any programs or services listed below: Please attach any relevant reports.

Speech/Language Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Educational/Psychological Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Individual Education Plan (IEP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Behavior Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counseling Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other:	_____				

3. In what ways do parents support this student's education? _____

4. Please share this student's strengths: _____

5. Please share any areas of concerns: _____

Name: _____

Position: _____ Email: _____

School

Name: _____

School Website: _____

Telephone: _____ Best time to call: _____

Signature: _____ Date: _____

Check here if you would like to discuss this applicant further over the phone Yes No

*Thank you for taking the time to complete this confidential reference.
Please Fax or Scan and Email directly to: Director of Admissions,
The International School of Kuala Lumpur, PO Box 12645, 50784 Kuala Lumpur, Malaysia
Phone: (+603) 4813 5004 | Fax: (+603) 4813 5104 | Email: admissions@iskl.edu.my*