



THE INTERNATIONAL SCHOOL OF KUALA LUMPUR

Prep Reception, Prep Junior and Prep Senior

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. 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			
Shares and takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest/takes part in 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and sits well during class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively in pairs and small 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions and class routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to focus and maintain attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Skills

Recognizes and names letters of alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can count in sequence Up to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates sounds with letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes and names numerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds pencil correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes and names colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes numbers legibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognizes and names basic geometric shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly and in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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

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

3. Is the student toilet trained? Always Most of the time Occasional Accidents Not yet toilet trained

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

5. Please share this student's strengths: _____

6. Please share any areas of concerns: _____

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

Name: _____

Position: _____ Email: _____

School Name: _____

School Website: _____

Telephone: _____ Best time to call: _____

Signature: _____ Date: _____

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