



## Confidential School Report Form (6-12 years old) Please send directly to the Deutsche Schule Kobe International

Student Name (First / Middle / Last)					
Date of birth (Day / Month / Year)					
Male / female					
Nationality					
Academic performance					
	Unable to	Poor	Average	Good	Excellent

Academic performance					
	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					





Personal, social emotional					
	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					

What support services, testing if any has the applicant received? Please check if previously or presently participated in any of the services listed.		
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 gro	wth?
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 applicant's 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	