

CONFIDENTIAL SCHOOL REPORT: MIDDLE YEARS PROGRAMME

To be completed by the student's current School Counselor, Head of year or Principal.

THIS INFORMATION SHOULD BE PROVIDED BY THE CANDIDATE.

Student's surname: _____ Student's first name: _____
(please use capital letters)

Grade / Year enrolled: _____ School name: _____

School address: _____

Dear Teacher,

The student whose name appears above is applying for admission to ICS Paris. This assessment is an important part of the application and your cooperation in providing a full report will be greatly appreciated. Parents should not have access to this confidential report – once completed, please send directly to admissions@icsparis.fr.

ACADEMIC CURRICULUM OR PROGRAMME

Please indicate the type of qualification this student prepared in your school:

Does your school follow a 12 or 13 year system? 12 (K-12) 13 (Year 1-Year 13)

ACADEMIC RIGOUR

In comparison with other students at your school, the applicant's course selection is:

Most demanding Very demanding Demanding Average Below average

SCHOOL LIFE

Did the student integrate well and adapt into your school easily? Yes No

If not, please describe the circumstances:

DISCIPLINE

Has this student ever been suspended for behavioural and/or academic reasons? Yes No

If yes, please describe the circumstances:

SPECIAL NEEDS:

If you answer "yes" to any of the below questions, please elaborate in the space provided

Have you made, or do you plan to make, any recommendations for professional support or assessment? Yes No
Please comment and/or state reasons for any referrals:

Does the student have any learning difficulties or special needs? Yes No

Have any modification(s) been provided to the student's learning curriculum? Yes No

Have any accommodation(s) been provided to this student in class learning or during examinations? Yes No

Has the child experienced academic, social, emotional, and/or behaviour difficulties in school: Yes No

Has this child received (check all that may apply):

- | | |
|--|--|
| <input type="checkbox"/> Psychiatrist's education evaluation | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Therapy – speech, occupational, and/or physical | <input type="checkbox"/> Individualized Education Plan (IEP) |
| <input type="checkbox"/> Other – Please specify: | |

We welcome any **additional comments** you think might be helpful to us, including special interests or talents, and special educational or emotional needs.

Name and position of person completing this form:

Date

Signature

School stamp:

Please return this completed form directly to:

ICS Paris - International School – Admissions

23 rue de Cronstadt, 75015 PARIS – France

Telephone: +33 (0)1 56 56 60 31

Email: admissions@icsparis.fr.