

INTERNATIONAL SCHOOL OF TBILISI

PRINCIPAL/COUNSELOR RECOMMENDATION FORM

Applicants to Grades 3 - 12

The **QSI International School of Tbilisi** is a private non-profit institution that has 37 schools in 30 different countries, founded in 1991. **QSIT** offers high quality education in the English language for students in grades Pre-kindergarten through 12th. The Admissions Office would appreciate your confidential opinion of the candidate **
Parents have signed permission for **QSIT** to request this information and have waived the right to access the information you give us on this form.

Please **complete** form and **return** via email (tbilisi@qsi.org) to the **QSI International School of Tbilisi**.

Name of student: _____ Applying for grade: _____

Name of evaluator: _____

Name of present school: _____

City/Country of School: _____

Length of time acquainted with student: _____

How often do you have contact with this student? Daily Weekly Occasionally

CONFIDENTIAL PERSONAL RATING FORM – School Counselor

➤ Has this student received any of the help listed below at your school, and do you feel that these services need to be continued: *Please **select / complete** as appropriate*

Service	Received	Period/Hours/week	Needs to be continued
• English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Special Education Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Remedial Help/Tutoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
• Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

➤ Please provide a written narrative that would help **QSI Tbilisi** become better acquainted with this student and their academic performance.

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➤ Indicate the applicant's overall current academic placement within your school: *Please tick most appropriate*

Top half of class <input type="checkbox"/>	Average range <input type="checkbox"/>	Below average <input type="checkbox"/>
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➤ Does student have special **psychological / emotional / behavioral** needs that need to be addressed in our school?

Has there been any **disciplinary action** as a consequence? Yes No

If yes, please explain

➤ Are there any special testing results or evaluations of which you are aware? Yes No

If yes, please explain

➤ Do you have any reason to suggest that this student should be evaluated and/or referred for special educational or psychological services? Yes No

If yes, please explain

➤ Are there any special strategies or interventions that have been used with this student that you would recommend we continue? Yes No

If yes, please explain

➤ Is this child receiving any special medication related to assisting him/her in the school setting? Yes No

If yes, please explain

Additional comments about this child's academic strengths, weaknesses, learning style, social skills and/or personal qualities would be greatly appreciated.

***** I hereby certify that the information above is accurate and complete to the best of my knowledge. *****

If you would like us to call you concerning this student, please check here.

Signed: _____

Date: _____

E_mail: _____

Cell Phone: _____