



By asking the applicant's school to complete and submit this form to ISL, the parents grant their explicit consent to ISL's receiving and processing their personal information, and to ISL contacting the school if further questions arise.

**Teacher Recommendation for Early Years Programme  
(Preschool to Grade 1)**

To be completed, signed and returned to [admissions@islux.lu](mailto:admissions@islux.lu) by the teacher.

Name of student \_\_\_\_\_ Current grade \_\_\_\_\_

How long have you known the student and in what capacity? \_\_\_\_\_

How often do you have contact with the applicant? (*please circle the appropriate answer*)

**Daily**

**Weekly**

**Occasionally**

1. Please describe your classroom environment (ei. class size, structure, programme).

2. Please assess the student applicant's level of English by circling an option below:

**Native language    Fluent    Conversational    Intermediate    Beginner    No skills    Unknown**

3. Is the applicant's general development: (*please circle the appropriate answer*)

**Above age expectations**

**Age appropriate**

**Below age expectations**

4. Please evaluate the applicant's ability, development and educational needs:

	<b>Highly Developed</b>	<b>Age Appropriate</b>	<b>Can/May Need Special Support</b>	<b>Identified Challenge; Special Support Needed</b>	<b>No basis for judgement</b>
<b>Level of independence</b>					
<b>Ability to stay on task</b>					
<b>Ability to get along with other students</b>					
<b>Ability to follow directions</b>					
<b>Language development (mother tongue)</b>					
<b>Language development (English)</b>					
<b>Speech development</b>					
<b>Literacy development</b>					
<b>Numeracy development</b>					
<b>Fine motor skills</b>					
<b>Gross motor skills</b>					



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5. Pertaining to the chart above, please explain any of the ways for which you have indicated a possible need for special support? *(If possible, please include in separate copy any pertinent educational assessments, recommendations and/or IEPs that exist for this student).*
  
6. Please describe any academic strengths the student exhibits.
  
7. Please comment on the applicant's attendance.
  
8. Have the applicant's parents been supportive of the school and cooperative in working with teachers, counsellors and administrators? Please explain.
  
9. Is there anything else you think is important to share regarding this applicant and family?

*On behalf of the International School of Luxembourg, thank you very much for your time and effort. The information you have provided is invaluable. Should we have any further questions concerning the student, we hope that you will be amenable to being contacted by us.*

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Official School Stamp: