



Student Admission Recommendation Form

This Student Admission Recommendation Form for Elementary students, should be completed by the student's Homeroom Teacher or Learning Support Teacher if the student is in a Learning Support Program.

Dear Teacher,

The following student has applied for enrolment in the Elementary School at the Western Academy of Beijing (WAB). WAB is an IB World School for students in Nursery – Grade 12. Students in the Elementary School follow the International Baccalaureate Primary Years Program which is an inquiry-focused program designed to develop each child as an independent learner. Please help us to facilitate his/her transition to WAB by completing the form below and returning it confidentially in the envelope provided to **Sinéad Collins, Admissions and Development Manager, Western Academy of Beijing, PO Box 8547, 10 Lai Guang Ying Dong Lu, Chao Yang District, Beijing 100103, PRC**

Many thanks.

Name of Student _____ **Your Relationship to Student** _____

1. How long have you known this student? _____

2. What are the first words that come to mind when describing this student? _____

3. Please rate the students progress so far on the following:

	Not yet		Sometimes		Always	
Self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and information skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking and problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the student's two greatest strengths? _____

5. Please describe his/her relationship with peers and with adults. _____

6. What two goals would you have for him/her in the coming year/term? _____

7. How would you describe his/her behaviour? _____

8. Please rate the child's English language level on a scale of 1 - 8 by checking one box below:

1 2 3 4 5 6 7 8
 (New to English) (Native Speaker)

9. Are the parents supportive? _____

10. Please add any additional comments that will help us to facilitate his/her transition to WAB. _____

The following section should be completed by the teacher who filled in the above information.

School: _____	Date: _____
Name (please PRINT): _____	Position: _____
Contact Details (email, tel/fax): _____	
	Signature: _____
NB All information in this form is confidential and will not be released to non-WAB staff.	