Western Academy of Beijing

MIDDLE SCHOOL

Student Admission Recommendation Form

This Student Admission Recommendation Form for Middle School students, should be completed by a Teacher or Counselor nominated by the student or by the Learning Support Teacher if the student is in a Learning Support Program.

Dear Teacher,

The following student has applied for Admission to the Middle School at the Western Academy of Beijing (WAB). WAB is an IB World School for students in Nursery – Grade 12. Students in the Middle School follow the International Baccalaureate Middle 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:**

	Below Average		Average		Outstanding	
Independence in learning	❑	❑	❑	❑	❑	❑
Motivation	❑	❑	❑	❑	❑	❑
Self-Confidence	❑	❑	❑	❑	❑	❑
Ability to work in groups	❑	❑	❑	❑	❑	❑
Disciplined work habits	❑	❑	❑	❑	❑	❑
Effective class participation	❑	❑	❑	❑	❑	❑

4. **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)*

5. **Please describe the students' academic strengths and areas for improvement:** _____

_____

_____

6. **Please describe his/her relationship with peers and with adults:** _____

_____

_____

7. **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 or Counselor who filled in the above information.

School: _____ **Date:** _____

Teacher/Counselor 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.*