**CONFIDENTIAL REFERENCE REPORT**

**FOR STUDENTS APPLYING TO UAS 2019-20 Middle School**

This form is to be completed by the counselor or principal, who is most familiar with the student. We thank you for the time and effort in completing it. This information is an important part of this student’s application to UAS. Please ask the referee to email the signed form as an attachment directly to admissions@uasdubai.ae or in a sealed envelope for you deliver to UAS.

Student Name: Click or tap here to enter text. Current Grade: Click or tap here to enter text. School Presently Attending: Click or tap here to enter text. Year(s) attended Click or tap here to enter text.

Referee Completing Form: Click or tap here to enter text. Position: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

Referee Signature Click or tap here to enter text. Date: Click or tap here to enter text.

Has this student received any support services listed below at your school, and do you feel that these services need to be continued?

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Services** | **Received** | **Hours per week** | **Need to be continued** |
|  | **Yes** | **No** |  | **Yes** | **No** |
| English as a Second Language (ELL) |[ ] [ ] [ ] [ ] [ ]
| Special Education Support |[ ] [ ] [ ] [ ] [ ]
| Remedial Help/Tutoring in: |[ ] [ ] [ ] [ ] [ ]
| Reading |[ ] [ ] [ ] [ ] [ ]
| Writing |[ ] [ ] [ ] [ ] [ ]
| Math |[ ] [ ] [ ] [ ] [ ]

Has the student been referred to Learning Support Services? If yes, please explain services provided.

 Click or tap here to enter text.

Click or tap here to enter text.

Has the student been expelled, suspended, placed on probation or incurred serious disciplinary action? Click or tap here to enter text.

If yes, please explain separately, or attach a separate note.

Click or tap here to enter text.

Click or tap here to enter text.

Please comment on the parent’s role in their child’s education, their support of your school’s mission and policies, and their involvement in the school. Click or tap here to enter text.

Click or tap here to enter text.

Will the applicant be permitted to re-enrol in your school? If no, please explain. Click or tap here to enter text. Click or tap here to enter text.

After answering the above questions, please feel free to include additional details that would best describe the student, or attach a separate statement.

Click or tap here to enter text.

Click or tap here to enter text.

**English – To be completed by the student’s English teacher**

We appreciate your cooperation as we review this student’s application to UAS. Please note that this report will remain confidential and will not be shared with anyone outside UAS’s admission committee.

Please rate the student’s academic, learning and personal skills.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Satisfactory | Needs Improvement |
| **Academic skills** |
| Reading comprehension |[ ] [ ] [ ] [ ] [ ]
| Reading fluency |[ ] [ ] [ ] [ ] [ ]
| Oral expression |[ ] [ ] [ ] [ ] [ ]
| Written expression |[ ] [ ] [ ] [ ] [ ]
| **Learning Skills** |
| Classroom participation |[ ] [ ] [ ] [ ] [ ]
| Organizational skills |[ ] [ ] [ ] [ ] [ ]
| Study habits/homework completion |[ ] [ ] [ ] [ ] [ ]
| Motivation to learn |[ ] [ ] [ ] [ ] [ ]
| Intellectual curiosity |[ ] [ ] [ ] [ ] [ ]
| Creativity |[ ] [ ] [ ] [ ] [ ]
| Works independently |[ ] [ ] [ ] [ ] [ ]
| Works collaboratively |[ ] [ ] [ ] [ ] [ ]
| **Personal Skills** |
| Respects school rules |[ ] [ ] [ ] [ ] [ ]
| Respects others |[ ] [ ] [ ] [ ] [ ]
| Uses self-discipline |[ ] [ ] [ ] [ ] [ ]
| Follows directions |[ ] [ ] [ ] [ ] [ ]
| Shows positive attitude |[ ] [ ] [ ] [ ] [ ]
| Ability to maintain focus |[ ] [ ] [ ] [ ] [ ]
| Confidence |[ ] [ ] [ ] [ ] [ ]
| Self-esteem |[ ] [ ] [ ] [ ] [ ]
| Positive influence on peers |[ ] [ ] [ ] [ ] [ ]
| Concern for others |[ ] [ ] [ ] [ ] [ ]

**English Language Proficiency** (Please indicate the student’s level)

Spoken: [ ]  Fluent [ ]  Developing [ ]  Beginner

Written: [ ]  Fluent [ ]  Developing [ ]  Beginner

Does the child speak any other languages than English? Click or tap here to enter text. If yes, please list the languages and fluency in each.

Click or tap here to enter text.

If English is not their native tongue, has there been any concern raised regarding the student’s learning in his/her mother tongue? Click or tap here to enter text.

Indicate the student’s overall current English placement within your school?

[ ]  Top third [ ]  Middle third [ ]  Bottom third

If the student is not on grade level in English or requires additional support, please elaborate:

Click or tap here to enter text.

Click or tap here to enter text.

Teacher’s Name Click or tap here to enter text.

Teacher’s Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**Math – To be completed by the student’s Math teacher**

We appreciate your cooperation as we review this student’s application to UAS. Please note that this report will remain confidential and will not be shared with anyone outside UAS’s admission committee.

Please rate the student’s academic, learning and personal skills.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Satisfactory | Needs Improvement |
| **Academic skills** |
| Computation skills |  |  |  |  |  |
| Problem solving |  |  |  |  |  |
| Mathematical reasoning |  |  |  |  |  |
| Mathematical applications  |  |  |  |  |  |

Math topics taught this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose the student’s next math progression:

 6th grade math  7th grade math  Pre-algebra  Algebra1  Algebra 2

 Pre-calculus  Calculus  Geometry

Indicate the student’s overall current math placement within your school?

 Top third  Middle third  Bottom third

If the student is not on grade level in math or requires additional support, please elaborate:

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_