



**CONFIDENTIAL REFERENCE REPORT  
FOR STUDENTS APPLYING TO UAS High 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](mailto:admissions@uasdubai.ae) or in a sealed envelope for you deliver to UAS.

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Year(s) attended \_\_\_\_\_

Referee Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Education Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Help/Tutoring in:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_

Has the student been expelled, suspended, placed on probation or incurred serious disciplinary action?

\_\_\_\_\_

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

\_\_\_\_\_

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.

\_\_\_\_\_

Will the applicant be permitted to re-enrol in your school? If no, please explain.

\_\_\_\_\_

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

\_\_\_\_\_



# المدرسة العالمية الأمريكية UNIVERSAL AMERICAN SCHOOL

Al-Futtaim Education Foundation

## 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
<b>Academic skills</b>					
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Learning Skills</b>					
Classroom participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/homework completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Skills</b>					
Respects school rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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? \_\_\_\_\_ If yes, please list the languages and fluency in each. \_\_\_\_\_

If English is not their native tongue, has there been any concern raised regarding the student's learning in his/her mother tongue?

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:

Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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المدرسة العالمية الأمريكية  
UNIVERSAL AMERICAN SCHOOL

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**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
<b>Academic skills</b>					
Computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Math topics taught this year?

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Please choose the student's next math progression:

- 6<sup>th</sup> grade math       7<sup>th</sup> grade math       Pre-algebra       Algebra 1       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:

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Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_