



# Franconian International School

## ACADEMIC INFORMATION FORM Parent/Guardian Recommendation

Applicant's Name:

Date of Birth:

Current Grade:

Expected Entry Date:

In your opinion, what are your child's academic strengths?

In your opinion, what are your child's academic weaknesses?

In your opinion, what are your child's greatest educational needs?

Has your child been assessed for and/or involved in any type special support services from the school (i.e. gifted programs, special needs/learning disabled programs, psychological testing, speech therapy, etc)?

Is there any further information you feel is relevant to us regarding your child?



**ACADEMIC INFORMATION FORM**  
**School Recommendation**

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

**I hereby authorize release of information as requested by the Franconian International School e.V. in conjunction with the application procedure for my son or daughter.**

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

The above named student has applied for admission to the Franconian International School. Your assessment of this student's strengths and weaknesses is an essential part of our admissions process and your input is greatly appreciated. Your responses will remain strictly confidential and do not become part of the student's permanent record. Please have an administrator, counsellor or teacher who has specific knowledge of the applicant complete the following information. Upon completion please forward to: Franconian International School, Attn: Admissions Department, Marie-Curie-Strasse 2, 91052 Erlangen Germany or per fax +49 (0)9131-94039302

	Excellent	Good	Fair	Below Average	Not Applicable
Academic potential					
Academic achievement					
Reading skill & interest					
Written expression					
Spelling in context					
Oral expression					
Mathematics achievement					
Organizational skills					
Curiosity					
Behaviour					
Cooperation					
Reaction to criticism					
Leadership					
Self-discipline					
Independence					
Peer compatibility					
Concern for others					
Dependability					
Emotional stability					
Fine motor coordination					
Gross motor coordination					
<b>Overall Rating</b>					

If the student is not at grade level in any subject area or requires additional support, please explain:

Has the student been assessed for and/or received any special services from the school (i.e. gifted/special needs programs, individual education plans, psychological testing, speech therapy, etc)?

**Completed by:**

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

Position: \_\_\_\_\_

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

**School Stamp**

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

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