To the parents/guardians: This confidential recommendation must be faxed, scanned, or mailed directly from the applicant's current school. Please complete this top portion and submit it to your school.					
Name of applicant	Current Grade/Year				
I authorize the release of my child's academic re	ecords to the British International School of Houston.				
	MM/DD/YYYY				
Signature of parent/guardian	Date				
for admission. Please be as candid as possible a	ndependent school in Houston. Thank you for completing this form as part of the application about the applicant's academic background and ability. All information received from you is with a copy of the most recent school report/report card.				
Teacher name	Title				
Name of school	Telephone				
School address					
How long have you known this child?					
How long has the child attended your school?					
What are the first words that come to mind whe	n describing the child?				
(over)					

Teacher Evaluation Form Early Years - Year 2

Social development Can be a friend	Advanced for age	Appropriate for age	Needs development	Comments	
Is supportive of peers Is comfortable with adults Plays alone happily Cooperates in play Is comfortable in sharing					
Initiates play activities Is imaginative Has the capacity to lead Has the capacity to follow					
Physical development Small motor control/coordination Large motor control/coordination Speech development/articulation Oral self-expression	Advanced for age	Appropriate for age	Needs development	Comments	
Pre-academic skill development Is attentive Listens in a group Contributes to group discussions Follows directions Works cooperatively Completes tasks Shows ability to focus on task Responds positively to constructive st Is curious Is willing to try new activities Is a self-starter Enjoys new challenges Exhibits problem-solving abilities Expresses ideas well Uses materials purposefully Please identify any special needs, including			We would appreciate	any additional comments and observations gths, weaknesses, health, or special needs of this cional sheets if necessary.	
For children entering Year 1 and Year 2 equivalent), please describe the child Beginning reading skills:		st Grade			
			Your signature	MM/DD/YYYY Date	
Beginning maths skills:			Please return the completed form with a copy of the most recent school report/report card directly to:		
			Admissions Office admissions@houstor	n.nae.school	