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**Confidential School Report: Grades 1 to 6**

Name of Applicant: Grade applying for:

Name of School presently attending:

To the Principal or Teacher: The above student from your school has applied to TMS. We are in the process of determining the appropriateness of our school program for the above named applicant and would appreciate your feedback. Recommendations are confidential and do not become part of the student’s permanent file. In addition, recommendations are not shared with either the student or the student’s parents.

In relation to other students in the applicant’s age group, please check your opinion with regard to:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Above Average** | **Average** | **Below Average** |
| **Character Profile** |  |  |  |
| Ability to follow directions |  |  |  |
| Organizational Skills |  |  |  |
| Conduct/Discipline |  |  |  |
| Relationship to peers |  |  |  |
| Concern for others |  |  |  |
| Leadership |  |  |  |
| Responsibility |  |  |  |
| Maturity/Dependability |  |  |  |

Please check One Box in each category that best reflects the student:

**Reading Ability Work Habits Achievement in Studies**

Well above grade level Well organized High quality work at all times

Above grade level Usually prepared consistent with abilities

At grade level needs prompting Limited to special interest

Below grade level Disorganized and careless Inconsistent

 less than potential

**Academic Motivation Problem Solving Ability**

Self-starting, motivated Approaches problems logically and follows through

Good effort Perceptive in approach, but technically weak

Under-achieves Has difficulty approaching a problem

Unmotivated Becomes anxious and uncomfortable

Are there any observed problematic behaviours, discipline problems, or anti-social behavior in interactions with peers or teachers? Yes No

Has this student been identified with any special need(s), for example learning disability, health

social adjustment etc. ? Yes No

Do the parents contribute positively to the student’s educational development? Yes No

Please explain

Please add any comments (descriptive words or phrases) to describe this student.

What personal and academic success would you predict for this candidate at a school like TMS?

Outstanding Excellent Very Good Good Limited

Name of Teacher How long have you known this student?

 Signature Date

Signature of Head/Principal Date

School Address and Phone Number

Thank you for taking the time to complete this form.

**Please return this confidential form directly to the**

**TMS Admission Office** **sfazzari@tmsschool.ca**