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| **CONFIDENTIAL RECOMMENDATION FORM****year 1 to year 6 applications** |

**Note to Parents:**

Please ask your child’s current teacher to complete this form and send it directly to Bangkok Patana School together with a sample of your child’s independent writing. This recommendation should not be shared with you or uploaded as part of your child’s online application.

In compliance with Bangkok Patana School’s PDPA Policy, our purpose of collecting the information in this form is to understand your child’s individual needs and assess the suitability of our programme and learning environment for them.

In asking your child’s current teacher to complete this form, you hereby authorise and give your consent for them to share all relevant information with Bangkok Patana School. This information will be treated as confidential.

**Note to Teachers:**

Please complete this recommendation form and send by email together with a sample of the student’s independent writing to **admissions@patana.ac.th**

This is a confidential form, and the feedback you provide will not be shared with parents.

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| STUDENT’S DETAILS |
| Student’s Name: |  | **Date of Birth:** |  |
| Current School: |  | **Year Group/ Grade:** |  |
| Date Enrolled: |  | **Date Withdrawing:** |  |

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| --- |
| TEACHER’S DETAILS |
| Teacher’s Name: |  | **Teacher’s Job Title:** |  |
| Teacher’s Email: |  | **Date Completed:** |  |

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| **Independent writing sample attached** *(if student is not yet writing in English, please include a sample of writing in their home language)* |

**Social, Emotional and Behavioural Aspects of Learning**

Please estimate as best you can the student’s level of development in each of the areas below

 **compared to other children of the same age.**

Mark “X” in the appropriate column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Significant Difficulties** | **Below Average** | **Average** | **Above Average** | **Not Sure** |
|  |  |  |  |  |  |
| **Follows verbal instructions** |  |  |  |  |  |
| **Developmentally appropriate interactions with adults and children**  |  |  |  |  |  |
| **Forms good relationships within class** |  |  |  |  |  |
| **Self-esteem** |  |  |  |  |  |
| **General focus and concentration** |  |  |  |  |  |
| **Handles changes to routine** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at All** | **Rarely** | **Sometimes but within normal range** | **Cause for Concern** | **Not Sure** |
| **Appears anxious, sad, tired or unhappy** |  |  |  |  |  |
| **Gets angry or upset** |  |  |  |  |  |
| **Frequent sickness/ pains/ headaches** |  |  |  |  |  |
| **Seeks reassurance from other children or adults** |  |  |  |  |  |
| **Unsafe/ Dangerous Behaviour (please explain below)** |  |  |  |  |  |

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| Please comment on support from parents and home-school relationship: |
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|  |  |
| --- | --- |
| Is the student receiving any additional support (at home or at school) for learning, social, emotional or behavioural needs? If yes, please share details of support and strategies, attaching any individual education or learning plan below.  | **Y / N** |
|  |

**Academic Aspects of Learning**

Please estimate as best you can the student’s level in each of the areas below

**compared to other children of the same age.**

 Mark “X” in the appropriate column.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Significant Difficulties** | **Below Average** | **Average** | **Above Average** | **Not Sure** | **Too Young to Estimate** |
| **Reading Skills** |
| **Phonics** |  |  |  |  |  |  |
| **Sight word knowledge** |  |  |  |  |  |  |
| **Reading comprehension- literal** |  |  |  |  |  |  |
| **Reading comprehension-inferential** |  |  |  |  |  |  |
| **Writing Skills** |
| **Handwriting- legibility** |  |  |  |  |  |  |
| **Spelling** |  |  |  |  |  |  |
| **Sentence construction** |  |  |  |  |  |  |
| **Writing organisation** |  |  |  |  |  |  |
| **Maths Skills** |
| **Mental Maths** |  |  |  |  |  |  |
| **Math procedures/ operations/ calculations on Paper** |  |  |  |  |  |  |
| **Reasoning/ problem solving** |  |  |  |  |  |  |
| **Oral Language Skills** |
| **Clarity of speech** |  |  |  |  |  |  |
| **Vocabulary** |  |  |  |  |  |  |
| **Listening skills** |  |  |  |  |  |  |
| **Physical Development** |
| **Overall gross-motor skills (physical coordination)** |  |  |  |  |  |  |
| **Overall fine-motor skills (hand-eye coordination)** |  |  |  |  |  |  |
| **Toileting and Self-Care** |  |  |  |  |  |  |
| **General Skills** |
| **Readiness to work in a group** |  |  |  |  |  |  |
| **Readiness to work with a partner** |  |  |  |  |  |  |
| **Readiness to work independently** |  |  |  |  |  |  |
| **Overall school attendance** |  |  |  |  |  |  |

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| Is the student receiving English Language Support (EAL/ESL Programme)?  | **Y / N** |

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| --- |
| Additional Comments (if applicable): |
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