



Confidential Student Referral Form

****This form must be submitted directly to the school, by email or post*

The student named below is applying for admission to **One World International School**. This form must be completed by the applicant's most recent homeroom teacher or equivalent.

Student Information

Name of Student: _____

Applying for Grade: _____

Teacher Recommendation

Please complete and return this form directly to One World International School. Your evaluation will be an invaluable tool in the admission process, and the student's application will not be complete without the return of this form. Your remarks will be kept confidential. Thank you for your time.

- 1) What is your relationship to the student? _____
- 2) How long have you known your student? _____
- 3) Please mark the response that best describes the applicant's current level of achievement in the following areas;

Work Habits	Outstanding	Satisfactory	Needs Improvement
Follows Directions			
Completes tasks on time			
Works Carefully			
Is attentive and listens carefully			
Works Independently			
School Readiness	Outstanding	Satisfactory	Needs Improvement
Respects Property of Others			
Enters Into Play with Others			
Carries Out Responsibilities			
Adjust to New Situations			
Exhibits Respect for Adults			
Shows Self Confidence			
Exhibits Self Control in the Classroom			
Follows Classroom Rules			

- 1) Is the applicant a student in good standing and eligible to continue to the next grade?

- 2) Has there ever been a need for administrative involvement in disciplinary action regarding the student? If yes, please explain.

- 3) Would this student be permitted to enroll at your school next year?

- 4) What is your evaluation of the parent's involvement in their child's education?
(Involved, Co-operative, Supportive)

- 5) Does the student have any academic needs or learning difficulties?

- 6) Has the student ever been recommended to a special program for any of the following?
 Gifted Learning Disabled Impaired Vision Speech Hearing

Additional Comments:

In Areas Of:	I Recommend	I Have Reservations	I Do Not Recommend
Personal Characteristics			
Academics			
Overall			

Signature: _____
 Title: _____
 School: _____

Printed Name: _____
 Phone Number: _____
 Date: _____

Thank you for your time!

IMPORTANT: This evaluation form is strictly confidential and must be returned by either email or regular mail, using

Email: admissiondocs.osaka@owis.org

or **Mail:**

Attn. Isabella Shea
 Admissions Counselor
 3-1-39 Shariji Ikuno-ku, Osaka-shi,
 Osaka 544-0022

