



**Confidential Reference Form  
For Students Applying to the International School of Latvia (ISL)**

**Teacher of English:**

This student is applying for admission to ISL. We thank you for taking time to complete this confidential reference as this is an important part of the application process and ensures the student's accurate placement. Please fax to +37167755009, or e-mail it directly to [admissions@isl.edu.lv](mailto:admissions@isl.edu.lv). *If hand carried by the family, please give this form in a sealed envelope with the principal or counselor's signature or a school's stamp across the sealed flap, to ensure confidentiality.*

Student's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

The student has been enrolled in the current school for \_\_\_\_ years. I have known him/her for \_\_\_\_ years.

Teacher's Name \_\_\_\_\_ E-mail \_\_\_\_\_

School's Name and Location \_\_\_\_\_

Language of Instruction:  English  Other \_\_\_\_\_

What would you describe as the student's greatest strengths? \_\_\_\_\_

What would you describe as the student's greatest challenges? \_\_\_\_\_

Please describe any learning differences that impact the student's learning \_\_\_\_\_

Have there been any disciplinary concerns? Please explain \_\_\_\_\_

Have there been any emotional or other concerns? Please explain \_\_\_\_\_

Is there anything we should know about this student, such as personal circumstances or special factors that may play a part in his or her academic standing and social development? \_\_\_\_\_

What is the student's level of English proficiency?

Listening	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent/Native
Speaking	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent/Native
Reading	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent/Native
Writing	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent/Native

Is the student currently or has the student ever been enrolled in an English language support (ESL) program?

Yes  No If yes, when and for how many years? \_\_\_\_\_



**Teacher of English (continued)**

Academic Performance:

	Superior (top10% of class)	Above Average	Average	Below Average	No Answer
Overall academic performance					
English reading comprehension skills					
English verbal ability					
English writing skills					
Knowledge of basic skills					
Problem solving ability					
Computer literacy skills					
Overall effort					
Classroom participation					
Completes tasks/homework					
Ability to work individually					
Ability to work in groups					
Organization skills					
Attendance					

Social/Emotional Development:

	Superior (top10% of class)	Above Average	Average	Below Average	No Answer
Attention span					
Follows directions					
Observes school and class rules					
Attitude towards teacher					
Relationship with peers					
Respectful towards others					
Self confidence					
Sense of humor					
Leadership ability					
Maturity (relative to age)					
Demonstrates self-discipline					

Special interests and/or involvement in extra-curricular activities \_\_\_\_\_

In comparison to other students you have taught, how would you rate this student?

Outstanding

Above average

Average

Below average

Signature: \_\_\_\_\_

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

***We thank you for your assistance.***

***The faculty and staff of the International School of Latvia***