

## CONFIDENTIAL SCHOOL QUESTIONNAIRE

Please have this form completed by your child's current classroom teacher for Kindergarten to Grade 5, or Head of relevant school section in Grades 6 to 12. ISB must receive the CSQ directly from the applicant's school.

I hereby authorise release of information requested by the Admissions Office of International School Basel.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

*The above named student is applying for admission at ISB. Kindly complete this assessment of his/her strengths and weaknesses. This information is an essential part of our admission process and will remain confidential. Please rate the student in the following areas: 1 = Unsatisfactory, 2 = Needs Improvement, 3 = Satisfactory, 4 = Good, 5 = Outstanding.*

<b>Academic Qualities/Work Habits</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Study habits					
Attendance					
Classroom conduct					
Class participation					
Oral communication					
Written communication					
Ability to work with others					
Ability to work independently					
Completion of homework					
Current academic achievement					
Proficiency in English					
Organisation of time and materials					
Listens to and follows instructions					
Demonstrates self-discipline					
<b>Personal Development</b>					
Personal integrity					
Self confidence					
Sense of responsibility					
Concern for others					
Relationship with peers					
Relationship with teachers					
Reaction to criticism					
Leadership qualities					
Sense of humour					
Initiative					
Creativity					
Emotional Stability					

**Student Achievements:** *Please comment on any special interests or achievements of this student:*

**Learning Support:** *Has this student been recommended for/received additional help or special education services at your school?*  
No \_\_\_\_\_ Yes \_\_\_\_\_ *(if so, please explain).*

**Social Development:** *Is there anything we should know about this student's personal circumstances, special factors or obstacles that may have a bearing on his/her academic or social development?*

**Disciplinary Action:** *Has the student ever been subject to any serious disciplinary procedure?*  
No \_\_\_\_\_ Yes \_\_\_\_\_ *(if so, please explain)*

**If your school is private, are financial responsibilities for school invoices met on time?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

**Your Contact Information**

Printed name of person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Telephone: \_\_\_\_\_ School website: \_\_\_\_\_

Email: \_\_\_\_\_

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

Do you wish for our Head of the relevant school section to contact you regarding this application? Yes \_\_\_\_\_ No \_\_\_\_\_

*On behalf of this student, thank you for your time.*