

School Questionnaire

To be completed by current/recent teachers of students applying to Esbjerg International School. Please note that admission to EIS will not be considered until this form is received.

Information from teachers based on your professional opinion is extremely valuable to our Admission office. Thank you for taking the time to fill out this form. When completed please return this form by e-mail to

admissions@esbjerginternationalschool.dk

Student's name	
Date of birth (dd/mm/yyyy)	
School/institution	
Address	
Name of the person completing this form	
Position	
E-mail address	
When did you work with this student?	
Is this school Public, Private or International?	

Student attendance record			
Hours in school attended per day			
Class/group size			
What is the language of instruction?			
What is the child's predominate playground language?			
What is this child's overall level of ability in the English language?	Beginning	Intermediate	Proficient
Reading	Beginning	Intermediate	Proficient
Writing	Beginning	Intermediate	Proficient
Listening	Beginning	Intermediate	Proficient
Speaking	Beginning	Intermediate	Proficient

Please describe the student's particular strengths and challenges (social, emotional, physical, academic, personal circumstances).

EIS has very limited staffing and resources for students deserving of special educational needs support. Has the student ever been diagnosed with a special needs challenge? Do you believe s/he should be possibly referred for the existence of one?

Date	Signature

Thank you for completing this reference

