

ABA Student Reference(Early Childhood)

To be completed by a current administrator, teacher or school counselor. We have received an application for the following student to join ABA. In order to assist in the admissions process, we would appreciate if you would complete this form and return it to the school by email: registrar@abaoman.org or fax (+968)24603544.

Student name: _____ Current Grade: _____

Current school: _____

Is English the language of instruction? _____ Tel: _____

Recommender name: _____ Recommender position: _____

Recommender email: _____ I have known this student for _____ years.

Dates the student attended this school: from _____ to _____

Is English the student's first language? ☐ Yes ☐ No

Is English the language used at home? ☐ Yes ☐ No

In what other languages is the student proficient? _____

Please rate the student's current progress in the following areas:	Area of concern	Working towards expected levels	Working within expected levels	Working above expected levels	Not applicable
Attendance					
Communication: listening, receptive language					
Communication: speaking, expressive language					
Social skills: participates in large and small groups					
Social skills: works with others, tolerant of differences					
Self-management: able to organise self and belongings					
Self-management: tackles new tasks confidently					
Thinking skills: shares ideas and opinions					
Thinking skills: shows initiative, asks questions					

Has the student received any of the following support while at your school?	Yes - received at our school	No - does not need	No - but might benefit
Support in learning English language			
Frequent 1-1 support to access the curriculum			
Frequent 1-1 support to behave appropriately in the classroom			

Please indicate any particular areas of strength:

Please indicate any particular areas for development:

Please describe parental involvement and support:

Does the student have any limitations, disabilities or special needs? ☐ Yes ☐ No

If yes, please describe, including amount of teacher support required:

Have there ever been any concerns around Child Protection? ☐ Yes ☐ No

If yes, please provide name and telephone number for someone who can share details confidentially:

Does the student ever disrupt the learning of others in the classroom? ☐ Yes ☐ No

To your knowledge, has the student had any formal external assessment? ☐ Yes ☐ No

☐ Speech and Language ☐ Educational Psychologist ☐ Occupational Therapist

☐ Other (please specify): _____

Please attach any copies of external reports, as well as any internal support plans, goal-setting or learning plans.

Any further information which may be of use in placing this student in our school, eg; achievements, special talents, family circumstances, well-being, medical conditions.

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

School Stamp: