



AMERICAN UNITED SCHOOL OF KUWAIT
المدرسة المتحدة الأمريكية في الكويت

Confidential Student Reference Form

Students' Name: _____ Date of Birth: _____ Current Grade: _____

To the parent: Please submit this form to your child's current school. This form may be completed by your child's homeroom teacher, school counselor, or principal. The completed form must be returned directly to AUS by fax or e-mail from your child's current school. By applying to the American United School of Kuwait, please understand that all communication between AUS and your child's current school will remain confidential.

Email: registrar@aus.edu.kw **Fax Number:** 00965-25530115

To the Homeroom Teacher, School Counselor, or Principal: Please complete this form in its entirety and return it by fax or e-mail to the American United School of Kuwait. We sincerely appreciate your cooperation in helping to evaluate this applicant and we assure that this information will be held in confidence.

How long have you known this student? _____

What three words come to mind when describing this student?

_____ / _____ / _____

What are this student's greatest strengths?

What are this student's challenges?

For each of the items in the tables below, please check the most developmentally age-appropriate description of this student.

Personal characteristics	Needs Improvement	Developing	Age Appropriate	Advanced
Ability to work in a group				
Ability to work independently				
Imagination				
Motivation/Effort				
Classroom conduct				
Respect for teachers				
Demonstrates self-control				
Integrity/Trustworthiness				
Accepts responsibility for actions				
Relationship with peers				
Sense of humor				
Maturity				
Academic Performance	Needs Improvement	Noticeably Developing	Age Appropriate	Advanced
Academic ability				
Academic performance				
Participation in discussions				
Ability to express ideas orally				
Ability to express ideas in writing				
Follows directions				
Prepared for class				
Attention span				
Seeks help when needed				
Use of class time				
Family Information	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child				
Communicates openly with the school				
Follows the policies of the school				
Cooperates with classroom teachers				
Follows through with school recommendations				
Cooperates with school administration				
Participates in school activities				
Is punctual with arrival and dismissal procedures				

Learning Support Services

Check if the student receives any of the following:

- English as a Second Language support
- School-based counseling or outside mental health support
- Response to intervention academic support *beyond* the general classroom. If applicable, please describe below.
- Special education programming/services. If applicable, please describe below.

Conduct

Did the student have any behavioral incidents that resulted in administrative actions such as in-school suspension, out-of-school suspension, or behavior probation?

- No
- Yes If so, please provide the details below.

Is the student eligible to re-enroll at your school next academic year?

- Yes
- No. If so, please explain the reason:

Specific Recommendation

- Recommend
- Recommend with reservations
- Do not recommend

Additional Comments

- Check here if any information pertaining to this student/family would be better communicated by phone. If so, a member from our Administration Team will contact you. Please feel free to add further narrative on additional pages if desired.**

Form completed by:

Position:

Signature:

Date:

School Name:

Principal's Name:

School Phone:

On behalf of the American United School Admissions Committee, we thank you for taking the time to complete and return this confidential document in a timely manner.