



**Additional Comments:**

How many days per week does this child attend your program? \_\_\_\_\_

What is the length of the session? \_\_\_\_\_

How would you describe this child's **temperament**?

What activities does this child especially enjoy?

Please describe the quality of this child's interactions with peers. Does he/she play with children of both genders? Does he/she show a preference for group or individual activities?

Please comment briefly on any **strengths**:

Please comment briefly on any **concerns**:

Please comment briefly on any **health issues** (diet, medication, etc.):

Have you observed any signs of learning disabilities?     Yes\*                     No                     Don't Know  
Does student receive any special accommodations?     Yes\*                     No                     Don't Know

\*If yes, please explain:

**How strongly do you recommend this student?**

Enthusiastically    Strongly    Fairly Strongly    Without Enthusiasm    Not Recommended

**Parent involvement:**    Much    Usually             Rarely             Not Involved             Don't Know

**Parent cooperation:**    Very Cooperative             Usually Cooperative             Not Cooperative

Thank you for your assistance. You may return this completed form to the student in a sealed envelope, fax it, scan it and attach it to an email to the School, or simply mail it.

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