



19-21 rue du 11 novembre
 78110 Le Vésinet - FRANCE
 +33 (0)1 39 76 47 37
 principal@malherbe-school.com

EDUCATIONAL DETAILS :

Has the child ever been tested for possible learning problems? If so, please indicate details:

.....

Name/address of current school:

.....

Director/Principal's full name:

Telephone #:

Email:

Name (s) of School(s) attended	Location	Dates attended and grades:
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.....
.....

I give MIS permission to contact my child's current/previous schools if necessary.

Yes No

FRENCH AS AN ADDITIONAL LANGUAGE:

Please complete this section if your family usually speaks a language other than French.

Please indicate your child's current level of French:

Beginner (first time learning French in school)
 Familiar (has followed a beginner's French course)
 Confident (has been taught French for more than two years)
 Fluent (has always used French in school without support)

Has your child ever attended a school where French was the primary language of instruction?

Yes No

Comments:

.....

ENGLISH PROFICIENCY:

Has your child ever attended a school where English was the primary language of instruction?

Yes No

Has your child ever been enrolled in an English/bilingual program:

Yes No

Please give a quick description of your child's formal exposure to English in school (include number of years, and hours/week enrolled in an English program):

.....

Please give details of any other exposure your child has to English outside of school, for instance at home or through extracurricular activities:

.....



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HEALTH and WELL-BEING

Does the child have any special physical, emotional or psychological needs? Please explain:

.....

What are your attendance plans for lunch?

	Monday	Tuesday	Wednesday	Thursday	Friday
School meal					

Special dietary requirements:

- No pork No meat No meat or fish
 Other:

Allergies:

STUDENT INTERESTS/HOBBIES :

.....



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TEACHER EVALUATION FORM FOR STUDENTS, RECEPTION - YEAR 6

(to be completed by the applicant's English teacher)

We appreciate your cooperation in completing this form. Please be candid about the student's language skills, academic ability, attitude to learning and behaviour. Your comments will be helpful in deciding if this programme is a good match for the student.

Name of candidate: Current grade/year group:

Current school: Number of years at school:

English Teacher name: Curriculum taught:

Texts studied this year :

.....

English level (please tick):

NATIVE

NON-NATIVE (Number of months/years the candidate has studied English:.....)

Does the candidate study in other languages besides English? YES NO

If yes, what is the nature of the program? (bilingual, pull-out, Saturday classes, etc)

.....

CLASSROOM EVALUATION

Please tick the appropriate box that reflects your observation and judgement.

Academic Qualities	Outstanding	Good	Requires improvement	Inadequate
Effort in class				
Participation in class				
Models appropriate behaviour				
Respectful to adults and peers				
Presentation of work				
Completes work in a timely manner				
Manages personal belongings				
Completes homework				
General ability in Maths				

Please provide details of any behavioural concerns or any other information that could be beneficial:

.....

.....

FLUENCY IN ENGLISH

Please tick the appropriate box that reflects your observation and judgement.

Social Development & Attitude to Learning	Exceeding	Meeting	Partially Meeting	Not meeting
Oral expression				
Listening skills				
Reading fluency				
Reading comprehension				
Written expression				
Spelling, punctuation & grammar				

Any further comments:

.....

WELL-BEING AND SUPPORT

Does the candidate have any special interests or talents?

.....

Are there any disciplinary concerns for this candidate?

.....

Has this child been recommended for an IEP (Individual Education Plan) or a gifted programme?

YES NO

If yes, please supply further details / attach a copy of the IEP to this form.

..... Has

this child repeated or skipped a year? If yes, please provide details:

.....

I recommend this student for admission to Malherbe International School (please circle where appropriate):

STRONGLY WITH RESERVATIONS DO NOT RECOMMEND

Name of teacher:Signature:

Email: Telephone:

This form is confidential and must not be submitted by the family of the candidate. Please post or scan and email this form directly to:

Ms Anne-Claire Malherbe, principal@malherbe-school.com

Malherbe International School, 19 Rue du 11 Novembre 1918, 78110 Le Vésinet, France