WINDHOEK INTERNATIONAL SCHOOL

Private Bag 16007, Pioneers Park, Windhoek, Namibia | Scheppmann Street, Pioneers Park Ext. 1, Windhoek, Namibia
Tel: +264 61 241 783 | Fax: +264 61 243 127 | E-mail: reception@wis.edu.na | Website: **www.wis.edu.na**

CONFIDENTIAL STUDENT REFERENCE REPORT

To be completed by Counselor or Head of School or any person with the knowledge to comment on the different areas of the student concerned.

One of your school's students has applied for admission at Windhoek International School. This confidential reference forms part of our admissions process. The information supplied to us in this report will enable us to place the student more accurately.

STUDENT DETAILS

Confidential Report on: _____

DoB (DD/MM/YY): _____

Name of school: _____

Date admitted to present school: _____

Year Group/ Grade Level: _____

CATEGORY A: SKILLS

Please place the student on a scale from 1 to 5 in terms of the following:

5 = EXCELLENT 4 = GOOD 3 = AVERAGE 2 = WEAK 1= VERY WEAK

WORK SKILLS

Concentration/ Attention Skills	☐
Motivation	☐
Ability to work independently	☐
Listening Skills	☐
Reading Ability	☐
Following Instructions	☐
Completing Tasks	☐
Presentation of work	☐
Meeting deadlines/ Timeous completion of tasks	☐
English Proficiency	☐
Aptitude for Mathematics	☐
Study habits	☐
Responsibility with homework	☐
Participation in class	☐
Initiative in seeking help	☐
Intellectual curiosity	☐
Ability to work in a team	☐

SOCIAL SKILLS

Self-discipline	☐
Sense of responsibility	☐
Courtesy	☐
Behaviour	☐
Respect for other people	☐
Leadership Skills	☐
Reliability	☐
Ability to problem-solve	☐
Adhering to school expectations	☐
Consideration for others	☐
Participation in extracurricular activities	☐
Initiative	☐
Perseverance	☐
Helpfulness	☐
Attendance	☐

CATEGORY B: ACADEMIC ACHIEVEMENT IN THE YEAR GROUP *(please tick)*

Top Third ☐ Middle Third ☐ Bottom Third ☐

CATEGORY C: EXTRA-CURRICULAR INVOLVEMENT

	PARTICIPATION FOR SCHOOL	INVOLVEMENT IN ACTIVITY *(Position held, role etc. if applicable)*	COMMENTS
Leadership			
Culture			
Sport			

CATEGORY D: GENERAL INFORMATION *(Please rate 5 - 1 as on page 1)*

Payment of school fees	☐	Comment:
Parent participation in school activities	☐	Comment:
Special support required in anyway	☐	Comment:
Any other comments you would like to make to enable WIS to have a clear picture of the student	☐	

Name (Person completing this form): _____

Position (Person completing this form) _____

Name of school: _____

Contact Number: _____

Email: _____

Signature: **Date:**

WE THANK YOU FOR YOUR ASSISTANCE AND TIME IN FILLING IN THIS FORM.

SCHOOL STAMP