

Confidential Evaluation Form
Brent International School Manila
Resource / Learning Support Teacher

Applicant's Name

Current or Most Recent Grade Level

Thank you, Resource Teacher! We value your comments as we consider this student for admission to Brent School. Students receiving extra support are considered on a case-by-case basis. Your responses will help our Admissions Committee determine if effective support is available.

Printed name of the Resource Teacher completing this form

Signature of the Resource Teacher completing this form

Resource Teacher's Work Email Address: _____

Today's Date: _____ How long have you worked with this student? _____

School's Name: _____ Country: _____

Please mark the services this student receives, and provide a brief explanation.

Resource Specialist (RSP) Services,
Eligibility Category (i.e., SLD, ED, OHI):

IEP, 504 Plan, or other special service:

Consultation:

Behavior Plan:

Speech and Language:

Physical Therapy:

Occupational Therapy:

Modified Curriculum:

Pull-Out Support:

1-to-1 / "Shadow Teacher":

"Push-In" or "In-Class" Support,
_____ times per week in these subjects/areas:

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Other services not already mentioned: _____

Official diagnosis? Assessment report? Medication taken? _____

What are the student's main areas of need? What specific types of support provide this student the most success?

What are this student's strengths?

Any other comments or observations you might want to share?

I recommend this student: strongly fairly strongly Not recommended

A parent is involved: usually rarely Not involved

A parent cooperates: usually rarely Not cooperative

Please scan the completed form.

Using an email address from your school, send the scanned form to **admissionssecretary@brent.edu.ph**

Thank you! ☺