



MATHEMATICS PLACEMENT FORM

HIGH SCHOOL DIVISION

To be completed by the mathematics teacher of: _____
(Applicant's name)

1. This student is enrolled in:

- Prealgebra Algebra Geometry Advanced Algebra Precalculus

Other _____

Section level of course:

- Remedial Regular Honors Mixed-ability

Textbook(s):

Suggested Math placement for next year: _____

Subject(s) you have taught applicant: _____

Grade(s) received: _____

2. Please compare this student's academic achievement to his/her ability

3. By marking with an X on the continuum, please assess this student with respect to:

Table with 6 rows of student abilities and a 5-point continuum scale from low to high.

4. Have absences in any way affected the student's classroom performance?

5. Are homework assignments, projects, and portfolios punctual?

6. By marking with an X, please assess this student's character with respect to:

	low	average	high
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for placement at the honors level: Yes No

	Not at all	With reservation	Mildly	With confidence	Enthusiastically
Academic ability and promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any additional comments on this student:

Teacher's Name (Please Print) _____ Signature _____ Date _____
(Typing your name indicates your understanding form is complete and final) MM/DD/YYYY

School _____

Address _____

Telephone _____ Email _____

Please mail this form directly to:
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