

**LIVING WORD KINGSWOOD SCHOOL**

EMIS: 700400817

BLOCK 2, 4149 MOUNT SHASTA STREET, LENASIA SOUTH

TEL: 011 211-0623/ 060 266 6493

admin@kingswoodschool.co.za/ reception@kingswoodschool.co.za

LEARNERS OVERALL REPORT

Name & Surname of Learner		D.O.B	
Gender		Current Grade and Year	
Name of Current School			Number of Years at Current School
1. What are the first words that come to mind when describing the Learner? _____			
2. Academic % Achievement: English: _____ Afrikaans: _____ Mathematics: _____			
3. In which Subjects did the Learner require special assistance and support? _____			
4. Has the Learner been retained? Yes or No _____ (if Yes, which grade? _____)			
5. Co-curricular activities (Public Speaking, Debating, Sports etc) Comment on Participation _____			
6. Please describe the attendance of the Learner (Excellent/ Acceptable/ Poor) _____			
7. Has the Learner been referred to any Psychologist/ Occupational Therapist/ Audiologist-Speech and Language Therapist? If Yes, Please state outcomes _____			
8. Please state any known issues (Family, Emotional, Behavioral, Ability to adapt, Medical) _____			
9. Parental involvement at present School (please tick one)			
Supportive	☐	Involved	☐
Interfering	☐	Difficult	☐
10. Do you feel there is any further information you can supply to us regarding the admission of the Learner? _____			

Thank you for taking time to assist us to understand the Learner

Grade HOD Name: _____ Signature: _____

Principals Name: _____ Signature: _____

School Stamp

