

Confidential Teacher Inventory
SDOC Pre-Diploma International Baccalaureate Programme

Student Name: _____ **Student ID:** _____

Current School/Grade: _____ **Applying School:** _____

Students: Please fill in your teachers' names and give this form to your Guidance Counselor.

Teachers: Your input is important. If you feel this form does not provide sufficient opportunity for you to communicate with us about your student, please feel free to email the appropriate IB Coordinator.

Celebration High School: aaron.foley@osceolaschools.net

Gateway High School: heather.piper@osceolaschools.net

Using a scale of 0-4, where **0 = strongly disagree** and **4 = strongly agree**, please indicate your level of agreement with the following statements.

1. Student collaborates with teachers and peers in a respectful manner, showing appreciation for other points of view.
2. Student acts with integrity and honesty, always completing and turning in their own work and taking responsibility for their actions.
3. Student shows compassion and respect to others, always making a positive contribution to the classroom community.
4. Student manages their time effectively, showing effective organizational and study skills.
5. Student can recognize their strengths and weaknesses and always works towards bettering themselves as a student and person.

Statement	English	Math	Social Studies	Science
1				
2				
3				
4				
5				
Total				
Teacher Name				
Teacher Signature				
Date				

For Pre-Diploma Program Office Use Only: Total: _____ ÷ 4 = _____ /20 points

School Counselors: Please complete the information requested on the next page.

Middle School Counselor Worksheet

SDOC Pre-Diploma International Baccalaureate Programme

Non-Osceola County Counselors: Please provide transcripts for all courses for sixth, seventh, *and* eighth grades. Additionally, please provide scores for all standardized exams that this student has taken.

Osceola County Counselors: Please provide FSA Reading and Math scores for all students, expressed as a percentage or level. In order to provide the appropriate educational services for the student, please indicate if this student is Active (A) or Inactive (I) in any of the following programs. Otherwise, write NA.

FSA Reading: _____ **FSA Math:** _____
Gifted: _____ **IEP:** _____ **504:** _____ **ESOL:** _____

Absence/Discipline Record for current school year: Please record numbers below.

Absences: _____ **Tardies:** _____ **Referrals:** _____

Calculated GPA: Please use the table and grade values below to calculate a GPA for this student.

Standard Level Classes

A = 4 B = 3 C = 2 D = 1 F = 0

Advanced/Honors Level Classes

A = 4.5 B = 3.5 C = 2.5 D = 1.5 F = 0

Subject	6 th Grade			7 th Grade			8 th Grade			Total Points
	Course	Grade	Value	Course	Grade	Value	Course	Grade	Value	
English										
Math										
Science										
Social Studies										
Total points from four core subjects:										
Total points divided by two (2) equals the calculated GPA for IB application purposes:										

Additional Comments: _____

Highly Recommend
 Recommend
 Recommend with Reservation
 Do Not Recommend

Middle School Counselor Signature: _____ **Date:** _____