

**INTERNATIONAL SCHOOL OF BROOKLYN**

**Teacher Form**

*For K-5<sup>th</sup> Grade Applicants Only*

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**As a current or former teacher of the child entered above, please describe how the child enjoys his/her classroom, interacts with his/her peers and what his/her favorite times of the day are in the classroom. Your detailed classroom perspective is appreciated.**