

Recommendation Form

(CONFIDENTIAL)



Dear Teacher(s)/Head of School/ Principal,

Please fill in the attached form as openly as possible. We ask for your reference regarding the following developmental areas of the child:

- Academic Progress
- Personal Development (Physical, Social & Emotional)
- General Student Information
- Other Relevant Information (e.g. honours/awards, interests, volunteer participation, etc..)

Kindly provide a **school report and additional documents** that can be used to support the above statements in the return email.

RECOMMENDATION ON BEHALF OF

STUDENT FULL NAME:

DATE OF BIRTH: D D / M M / Y Y Y Y

YEAR LEVEL/GRADE IN CURRENT SCHOOL:

REFEREE DETAILS

| | |
|--|---|
| Full Name: | School: |
| Job Title: | Country: |
| Email: | Curriculum: (e.g. British, USA IB, Cambridge) |
| How long have you known this student? | |

Date of Submission: D D / M M / Y Y Y Y

Signature:

PLEASE PROVIDE A GENERAL STATEMENT THAT WILL HELP US TO BEST UNDERSTAND THE (1) STRENGTHS & ACHIEVEMENTS (2) AREAS OF GROWTH (3) AND PERSONALITY OF THE STUDENT.

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ACADEMIC PROGRESS

| Able To | Consistent | Improving | Emerging | Additional Comments |
|--|-----------------------|-----------------------|-----------------------|---------------------|
| Read a variety of resources | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Speak clearly to express themselves | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Listen attentively to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Grasp Mathematics concepts appropriate to his/her level | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Work independently | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Work collaboratively with other students and participate in class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Organise themselves in terms of work, concentration and daily habits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Listen to directions/instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

PERSONAL DEVELOPMENT

| Personal Characteristics | Consistent | Improving | Emerging | Targets for Development |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| Demonstrate honesty and integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Express emotions appropriately | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Display respectful behaviour | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Take responsibility for their actions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Take initiatives in decision-making | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Demonstrate a growth mindset | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Maintain an active and healthy lifestyle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Uphold school attendance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Attend school on time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

GENERAL STUDENT INFORMATION

| | | |
|---|---------------------------|--------------------------|
| If English is not the 1st language, does the student require additional language support at school? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has the student ever had an education plan that is amended to suit the needs of the child? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does the student require learning support/special needs assistance at their current school? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has the student ever been excluded from lessons or suspended from the current school? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does the student participate in any speech or physical therapy? | <input type="radio"/> Yes | <input type="radio"/> No |
| Has the student received counselling for behaviour, emotional and/or mental well-being? | <input type="radio"/> Yes | <input type="radio"/> No |

IF YOU HAVE CHECKED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE DESCRIBE IN DETAIL THE REASON. PLEASE ALSO ATTACH DOCUMENTS IN THE RETURNING EMAIL TO SUPPORT YOUR STATEMENT ABOVE E.G. ACADEMIC REPORTS, MEDICAL REPORTS, ETC...

ANY OTHER RELEVANT INFORMATION (E.G. LEADERSHIP ROLES, HONOURS/AWARDS, CLUBS, INTERESTS, VOLUNTEER EXPERIENCES, CONTRIBUTIONS)