

## RECOMMENDATION FORM

(for Grade 1 and up applicants)

Please rate the student based on the criteria below and share any additional comments:

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
<b>ACADEMIC DEVELOPMENT</b>					
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effort/ Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>					
Self – esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Involvement in school life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>HOME-SCHOOL COLLABORATION</b>					
Parent involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent perception compared with school's understanding of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the student been regularly promoted to the next grade at the end of each school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no, please provide details:
Is the student passing all subjects this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no, please list the subject(s) that the student is failing:
Has the student received disciplinary action in your school? <input type="checkbox"/> No Yes: <input type="checkbox"/> Detention <input type="checkbox"/> Probation <input type="checkbox"/> Suspension
If yes, please provide details:
Have you observed any signs of learning difficulties (e.g. speech delays, difficulty reading/ writing?) or challenges in terms of social interaction? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details:
Does this student have any significant strengths or abilities that may affect the student's school performance? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details:
Are there any concerns with the student's attendance: <input type="checkbox"/> No Yes: <input type="checkbox"/> Tardiness <input type="checkbox"/> Absences
If yes, please provide details:
Are you aware of any family circumstances that affect the student's life and attitude in school? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please provide details:
Please share any additional information that should be considered as part of our evaluation of this student that is not covered in this form:

**Thank you very much for your time and attention.**