CONFIDENTIAL 

Student Recommendation Form

For Admission to PreK-1 – grade 1

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| To Parents | Applicant’s Information |
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| **Name of Applicant**  (Name as it appears on the passport) |  |
| **Name Applicant is Known As** |  |
| **Date of Birth** mm/dd/year |  |
| **Grade Applying** |  |
| **Current Grade** |  |
| **Proposed Date of Entry** |  |

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| To the Teacher/Principal |  |
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| We appreciate the time you spend completing this confidential form. This student is applying to Shekou International School, an academically rigorous English language international school. Your candid evaluation will help us determine if SIS is a good fit for this student. **To ensure confidentiality, please email a scanned copy to admissions@sis.org.cn.** | |
| Your Name: | Professional Title: |
| How long have you known the student? | School name and web address: |
| Your email address: | Date (mm/dd/yy): |
| School phone number: |  |
| If this student is in a school without English as the language of instruction, how many hours of English instruction per week does the student receive?       How many years has the student studied English? | |

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| **Personal/Academic Qualities** | **Below Grade Level** | **At Grade Level** | **Above Grade Level** | **Not Applicable** |
| Follows directions |  |  |  |  |
| Completes tasks |  |  |  |  |
| Organizational skills |  |  |  |  |
| Attentive/focused |  |  |  |  |
| Conduct |  |  |  |  |
| Maturity |  |  |  |  |
| Relationship with peers |  |  |  |  |
| Relationship with adults |  |  |  |  |
| Independence |  |  |  |  |
| Comments/Additional Information: | | | | |

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| We would appreciate additional comments and observations concerning this student’s abilities and areas of concern. We welcome information you think may be helpful in understanding this student. |

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| **Family/Home** | Never | Sometimes | Consistently | Not Applicable |
| Family ensures student is prepared for school (rested, has school materials, etc.) |  |  |  |  |
| Family directly supports student’s learning (homework completions, attends conferences etc.) |  |  |  |  |

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| **Special Support Services Received** | Hours per week | Push into classroom | Pull out of classroom | Tutoring | Other: | Unknown | Not Applicable |
| Remedial/Tutorial |  |  |  |  |  |  |  |
| Behavior Management |  |  |  |  |  |  |  |
| Gifted and Talented (Please attach) |  |  |  |  |  |  |  |
| Speech/Language |  |  |  |  |  |  |  |
| Occupational Therapy |  |  |  |  |  |  |  |
| IEP (Please attach) |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |
| If any of the above boxes are checked, please provide additional documentation if available. Has the school or parents requested any additional testing or evaluation of this child? If yes, please explain. | | | | | | | |

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| **Student Standing** | Yes | No |
| Is the student in good standing and eligible to re-enroll in your school in the next grade level? |  |  |
| Is the student currently enrolled in an ESOL (English for Speakers of Other Languages) or EAL (English as an Additional Language) program? |  |  |
| Has the student missed more than 10 days of school during any school year? |  |  |

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| **Recommendation** | With Great Enthusiasm | With Confidence | With Reservation | I Do Not Recommend |
| I recommend this student |  |  |  |  |