

JUNIOR HIGH SCHOOL CONFIDENTIAL RECOMMENDATION FORM

Applicant's Name:				
	Last Name	Given Name	Middle Name	Nickname
Applying for:			Date of Evaluation:	
	Grade Level	School Year		

To the Adviser, Guidance Counselor or School Head: The student whose name stated above is applying for admission to our school. Your candid and thoughtful evaluation will help us assess his/her application. Please complete this form and return to the applicant in a sealed envelope with your signature across the flap. You may also scan and email this to <u>britesparksinternational@gmail.com</u>. All information will be kept confidential.

Evaluator:	
Name of the School:	
Address of the School:	
Contact Number:	E-mail Address:
How long have you known the applicant:	Designation/Position:

I. CHARACTER AND PERSONALITY TRAITS. Check the appropriate column for your answer.

TRAITS	Area of Strength [4]	Age- Appropriate [3]	Working Towards [2]	Area of Concern [1]
Cleanliness and Organization				
Cooperation and Teamwork				
Courtesy and Respect				
Critical and Creative Thinking				
Discipline and Self-control				
Honesty and Integrity				
Initiative and Proactiveness				
Leadership Potential				
Multicultural Awareness				
Personal Accountability				

II. ACADEMIC SKILLS and POTENTIALS. Check the appropriate column for your answer.

SKILLS	Area of Strength [4]	Age- Appropriate [3]	Working Towards [2]	Area of Concern [1]
Arithmetic and Logical Skills				
Oral Communications Skills				
Reading Comprehension Skills				
Time Management Skills				
Written Communication Skills				

A. In what area/s does			•			,	al Linguistic)
 Music (Musical-Rhythmic) Math (Logical-Mathematical) People SI 			rills (Inter	spullul) mersonal		Language (Verbal-Linguistic)	
				ills (Interpersonal)			
B. What rank does the a				, ,		(Check appro	priate box/es)
		-					
In his/her class:	-	-	-				
In his/her grade level:	🗆 Top	10% 🗆 To	p 25%	🗆 Тор 🤅	50% □ Be	low 50%	
Number of Students in (Class:		Num	ber of Stu	dents in the	Grade Level: _	
III. OTHER CONCERNS							
A. Has the applicant red If yes, please ex					🗆 No		
B. Has the applicant has If yes, please spo							
		jeer/3					
C. Does the student have	-	anding abilitie	s or defi	ciencies	?		
lf yes, please spe	ecity						
IV. Parents Involvement Please characterize the		back the apr	oropriato	hov for			
Parent's support of the					□ Average		
Parent's support to the			□ Stro	ong	□ Average	Weak	
Parent's support to scho		is	🗆 Stro	ong	🗆 Average		
Parental involvement in	the school	overall is	🗆 Stro	ong	🗆 Average	🗆 Weak	
Parent's financial suppo	ort to child's	education is	□ Stro	ong	Average	🗆 Weak	
V. Recommendation							
I strongly record	mmend him	/her for admis	sion.				
I recommend			n some r	eservatio	n.		
□ I recommend							
□ I do not recon *Reason		ner for admiss	ion. *				
Would you prefer to spe	ak with us o	ver the phone	e? □Y	es	🗆 No		
School's Dry S	Seal						

Name and Signature