



Teacher Recommendation Form For K4 to Grade 2

Instructions: The student named below is applying for admission at our school in K4, K5, 1st or 2nd Grade. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Please fill out the form and place in a sealed envelope if returning with the parents of the child, or return directly by fax or (e)mail (address and fax number on reverse). Your comments will be considered confidential.

Name of Applicant: _____ Applying for grade: _____

PERSONAL CHARACTERISTICS

	Advanced for Age	Appropriate for Age	Needs development	No basis for judgment
Independence				
Attention span and concentration				
Motivation / Efforts				
Follows instructions				
Works cooperatively with others				
Participates in discussion				
Demonstrates self-control				
Maturity				
Relationships with adults				
Relationships with other students				

TEACHER INFORMATION

How long have you known the student and in what capacity?

We would appreciate comments and observations concerning this student's abilities, attendance, personal qualities, and special interests. We welcome any other information you think might be helpful in our understanding of this student.

To the best of your knowledge, does the student have a learning disability and/or has the student required any special help to meet academic requirements? Yes No

If yes, please explain:

To the best of your knowledge, does the student have any conduct or behavior problems? Yes No

If yes, please explain:

Please rate student's school attendance: Outstanding Good Poor

Fill the section below **ONLY** for students applying to enter grade 1 or 2

ACADEMIC PERFORMANCE	Outstanding	Above Average	Average	Below Average	Weak
Language Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading speed and accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math facts / Computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concept development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL RECOMMENDATION

In relation to students of the same age you have known, how would you rate the student?

Outstanding Above Average Average Below Average Weak

Teacher name: _____ Phone: _____

Position: _____ Email: _____

Name of school: _____

Address: _____

Teacher signature: _____ Date(d/m/y): _____

THANK YOU FOR PROVIDING US WITH THIS INFORMATION.

Mail, fax, or email to:

School stamp required below:

Admissions office

INTERNATIONAL SCHOOL OF CURACAO

P.O. Box 3090, Konininnelaan z/n

Emmastad, Curacao, Dutch Caribbean

Tel: +5999-737-3633 / +5999-737-3098 / +5999-737-3961 Fax:

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