

## Letter of Recommendation

**This form must be completed in English by a Teacher, School Counsellor or Principal**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of  Teacher  Counsellor  Principal: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

*Please rank the student in comparison with his or her classmates by marking an "X" in the appropriate box:*

Category	Excellent	Good	Average	Poor
Academic Ability				
Academic Performance (Effort)				
Positive Attitude toward School				
Emotional Stability				
Maturity				
Adaptability				
Leadership Abilities				
Cooperation with Others				
Extra Curricular Involvement (Please list)				
Participation in Class				
Attendance				
Social Abilities				
Conversational English				
Written English				
English Reading Comprehension				

How many years have you known the student?  Less than 1 year  1 year  2 years  3 years  Over 4 years

In what capacity have you known this student? \_\_\_\_\_

Does this student have a history of frequent absences from school?  Yes  No

Does this student have any health (eg. physical/emotional ) concerns? \_\_\_\_\_

What is the student's relationship with his/her fellow classmates?  Leader  Cooperative  Uncooperative

Based on your knowledge of this student, how would you evaluate his/her potential for success as an international student?

Any additional comments to describe the student: \_\_\_\_\_

**I understand and authorize this information to be shared with the accepting school, guidance counsellors, principal and teaching staff.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ E-mail: \_\_\_\_\_