

Confidential Recommendation

To be completed by the applicant's current or previous homeroom teacher or subject (English or math) teacher or other teachers well familiar with the student's work.

Student's Name _____
 (Passport name) (Family) (First) (Middle)

Date of Birth ____/____/____ Male____ Female____ Current Grade ____
 month day year

Name and title of person completing this form _____

School Name _____

School Address _____

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

Evaluate the candidate on his or her performance in the classroom. Please check (✓) the table below.

No opportunity to observe	Academic Qualities	Poor	Average	Good	Excellent
	Ability to work Independently				
	Academic Achievement				
	Academic Potential				
	Class Participation				
	Communication Skills				
	Mathematics Performance				
	Organization Skills				
	Reading Performance				
	Study Habits				
	Writing Performance				

Evaluate the candidate in relation to his or her classroom peers. Please check (✓) the table below.

No opportunity to observe	Personal Qualities	Poor	Average	Good	Excellent
	Adaptive/flexible				
	Attention/focused				
	Co-curricular involvement				
	Honesty				
	Leadership				
	Personal behavior				
	Relationship with adults				
	Relationship with peers				
	Self-confidence				

1. What are the applicant's strengths or special abilities?

2. What behavioral difficulty, if any, does the applicant have either at school or elsewhere?

3. How would you describe the applicant's parents' cooperation and support with teachers, counselors and administrators?

Signature _____

Date _____

School telephone _____ School fax _____ Email address _____

CHIST appreciates your expertise in completing this recommendation. Personal data/information collected by CHIST will be used exclusively by CHIST. Please give the completed recommendation to the applicant/parent in a sealed envelope, signed across the seal. Thank you very much for your cooperation.