

Letter of Recommendation

This form must be completed, in English, by a recent teacher, counselor or principal.

Thank you for taking the time to complete this form for the student who wishes to study high school abroad. Your evaluation and honest assessment of the candidate's abilities will help us make decisions that are in the best interest of the student. Your evaluation will not be shared with the candidate.

Student Name: _____ Date of Birth _____
Day/Month/Year

Name of (___ Teacher ___ Counselor ___ Principal) _____

School Name: _____ Telephone Number _____

School Address: _____

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 to change				
Attendance				
Ability to engage with others socially				
Cooperation with others				
Maturity				
Ability to overcome challenges				
Potential as an international student				
Involvement in extra-curricular activities				

How many years have you known the student? _____

In what capacity have you known this student? _____

Based on your knowledge of this student, how would you evaluate his/her potential for success as an international student? (Please consider academic and social success.)

Please add any additional comments that you feel are relevant

Signature

Date (Day/Month/Year)

Email Address