



Seoul International School

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Middle School Recommendation Form

Student Name _____ Current Grade _____

Name of Evaluator _____

School and Position _____ Teaching Subject _____

Phone _____ Fax _____

E-mail address _____

How well do you know the student academically? _____

How well do you know the student as a person? _____

| Academic Qualities | Excellent | Good | Fair | Below Average |
|-------------------------------|-----------|------|------|---------------|
| Study Habits | | | | |
| Time Management | | | | |
| Motivation | | | | |
| Ability to Learn | | | | |
| Oral Communication Skills | | | | |
| Ability to Work Independently | | | | |
| Ability to Work Cooperatively | | | | |
| Intellectual Curiosity | | | | |
| Take Responsible Risks | | | | |
| Classroom Conduct | | | | |
| Attention Span | | | | |

| Personal Qualities | Excellent | Good | Fair | Below Average |
|---------------------------------------|-----------|------|------|---------------|
| Deals with Personal Conflicts | | | | |
| Self Confidence | | | | |
| Leadership Potential | | | | |
| Concern for Others | | | | |
| Participation in the School Community | | | | |
| Respect for Authority | | | | |
| Creativity | | | | |
| Accepts Advice or Criticism | | | | |
| Respect Accorded by His/Her Peers | | | | |

Has this child been enrolled in an English as a Second Language (ESL) program at your school
NO ____ YES ____ If yes, beginning date: _____ Date of completion: _____

Has this child been referred for any type of learning, attention, or behavioral differences?
NO ____ YES ____ If yes, please list and describe the results of testing and any remediation or treatment:

Class Rank - Please check the appropriate box.

| | | | | |
|----------|-----------|-----------|-----------|--------|
| Upper 5% | Upper 10% | Upper 20% | Upper 30% | Others |
| | | | | |

| |
|--|
| What do you consider to be the student's greatest strength/s? |
| What do you consider to be the student's greatest need/s? |
| A few words that come to mind to describe this student. |
| Your comments about any educational, physical, social, or behavioral concerns about the student. |
| If applicable, please comment on the student's extra-curricular activities. |
| Please make any comments that you feel would be appropriate in helping us evaluate this student's promise for success in a challenging, college-preparatory academic program. |

Please circle the appropriate number to indicate the extent to which you think the student is willing and able to succeed as a student.

| | | | | | | | | |
|---------------------|--|---|---|---|--|---|---|---------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Probably would fail | Probably would have some academic difficulty | | | Probably would make a satisfactory record | Probably would make a better than average record | | | Probably would make a superior record |

| | | | | | | | | |
|-----------------|------------------------------|---|---|---------------------------------|-----------------------------|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Not recommended | Recommended with reservation | | | Recommended without reservation | Recommended with confidence | | | Recommendation with confidence and enthusiasm |

Date: _____ **Evaluator's Signature:** _____