



TO THE WRITER: Please complete both sides of this form. If you do not know the applicant well enough to complete this recommendation, please forward it to another teacher/administrator or return it to the applicant's parents.

ident Name		Parent/Guardian Name  Date					
rent/Guardian Signature							
ony additional organization					<u> </u>		
ne of Person Completing Form				Position			
ool Name		School Location (City/Country)					
long and in what capacity have you known th	e above stud	ent?					
Please evaluate the student in re	lation to	his or her clas	ssmates as	follows:	( Please check 🗸)		
ACADEMIC QUALITIES	Poor	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2-3%)	NA (did not observe
Academic Potential							
Academic Achievement							
Intellectual Curiosity							
Follows Directions							
Completes Tasks							
Organizational Skills							
Ability to Work Independently							
Ability to Communicate Ideas							
Critical Thinking Skills							
Class Participation							
Math Performance	E	Below Grade Leve	l 🗌 Oı	Grade Level	Ab	ove Grade Leve	İ
Reading Performance	E	Below Grade Leve	I 🗌 Oı	Grade Level	Ab	ove Grade Leve	I
Writing Performance	E	Below Grade Leve	I 🗌 Oı	Grade Level	Ab	ove Grade Leve	I
(for Gr. 1 applicants only) Language Development		Delayed	I ☐ Age	Appropriate	Advanced		
		Delayed	Age	Appropriate	Advanced	l	
Reading Readiness							
Reading Readiness							
Reading Readiness PERSONAL QUALITIES							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence Attentive/Focused							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence Attentive/Focused Consideration of Others							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence Attentive/Focused Consideration of Others Self-Control							
Reading Readiness  PERSONAL QUALITIES  Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence Attentive/Focused Consideration of Others Self-Control Ability to Act Independently							

1. What words	s come to mind to describe the student's	major strengths?		
2. What words	s come to mind to describe the student's	major weaknesses?		
3. What specia	al talents or abilities does the student po	ssess?		
4. What behav	vioral difficulty, if any, has the applicant d	emonstrated either at s	chool or elsewhere?	
	ort services, if any, (that you know of) has ns or services listed below:	s the student received?	Please check (🗸) if currently or previously part	icipating in any of
	Behavior Management Occupational Therapy IEP ESOL/ESL (English language support) Remedial/Learning Support		Gifted & Talented/Honors Speech/Language Therapy Individual/Family Counseling Use of Special Resource Centers Other: None	
	Please describe any of the programs of	checked above: (Attac	h a separate sheet if necessary)	
6. In what way	vs have the student's parents been coope	erative and/or supportiv	e in working with the school, teachers, counseld	ors and/or administrators?
Signature			Date	
E-mail			Tel.	

Thank you very much for your time in completing this recommendation. Please send via postal mail, fax or scan directly to Nagoya International School at the address below, or give to the parents in a sealed envelope to be delivered with other application documents.

## **Nagoya International School**

Attn: Admissions Office 2686 Minamihara, Nakashidami, Moriyama-ku Nagoya, Japan 463-0003 Tel: +81-52-736-2025 Fax: +81-52-736-3883

Email: admissions@nis.ac.jp