



Name of Student: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
 Present School: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

**To Whom It May Concern:**

The student named above is applying for the Cayman International School Scholarship for Academic and Leadership Excellence. A recommendation from the applicant's **current English, Math or Science** teacher is required as part of the application process. Please complete this form (attach additional pages if necessary), and return to Cayman International School via email: **admissions@cis.ky**. The information will be kept in the strictest confidence.

1. How long have you known this student and in what capacity? \_\_\_\_\_  
 \_\_\_\_\_
2. Are there any significant attitude, discipline or behavioral problems with this student? \_\_\_ Yes \_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
3. Are the applicant's parents supportive and cooperative? \_\_\_ Yes \_\_\_ No
4. Does the student get along well with his/her peers? \_\_\_ Yes \_\_\_ No
5. Does this student respond well to authority? \_\_\_ Yes \_\_\_ No

Please select the level of social/emotional development:

Attention Span	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Follows Directions	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Completes Tasks	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Self Confidence	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Accepts Consequences	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Displays Good Manners	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior

Please select the level of academic performance:

Attention Span	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Follows Directions	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Completes Tasks	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Self Confidence	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Accepts Consequences	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior
Displays Good Manners	<input type="checkbox"/> Unknown	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior



Describe the applicant's greatest strengths and weaknesses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are the applicant's interests and school/life goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the applicant's study/work habits: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any unusual circumstances which might favorably or unfavorably affect this students performance in or out of school? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the strength of your recommendation on the following scale:

<b>I DO NOT RECOMMEND THIS APPLICANT</b>	1	2	3	4	5	6	7	8	9	10	<b>THIS APPLICANT HAS MY STRONGEST RECOMMENDATION</b>
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To what extent do you believe the applicant will successfully adapt to Cayman International School?

<b>I DO NOT BELIEVE THIS APPLICANT WILL ADJUST WELL TO CIS</b>	1	2	3	4	5	6	7	8	9	10	<b>I BELIEVE THIS APPLICANT WILL ADJUST VERY WELL TO CIS.</b>
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Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Subject(s) Taught: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_