



RECOMMENDATION FORM

Applicants Grades PF to 5: One form should be completed by the main classroom teacher and one by the principal.

Applicants Grades 7 to 13: One form should be completed by the English teacher, one by the Mathematics teacher, and one by the principal.

Applicants ELL program: One form should be completed by the ESL/ELL teacher.

The teacher completing this form should return it directly to:

Casablanca American School
Admissions Office
Rue de la Mecque
Lotissement Ougoug
Quartier Californie
20150 Casablanca
MOROCCO

Or by fax to +212 522 21 24 88 or by email to speters@cas.ac.ma

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ CURRENT YEAR/GRADE: _____
CURRENT SCHOOL'S NAME: _____
SCHOOL'S PHONE: _____ SCHOOL'S FAX: _____ EMAIL: _____
SCHOOL'S ADDRESS: _____

TO THE TEACHER/PRINCIPAL

The student whose name appears above has applied for admission to Casablanca American School (CAS), and we would appreciate your assistance in completing this form. CAS adheres to an American educational system of teaching that offers an International Baccalaureate program in an English-speaking learning environment that nourishes your child's unique qualities. Students are prepared for a global education and subsequent entrance to the best universities in the world. At present over 590 students are enrolled at CAS. In completing this Recommendation Form, please assess the applicant's suitability for success in our program.

LAST NAME: _____ FIRST NAME: _____
POSITION: _____ EMAIL: _____
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
HOW OFTEN DO YOU HAVE CONTACT WITH THE APPLICANT? DAILY WEEKLY OCCASIONALLY
WHAT IS THE APPLICANT'S MOTHER TONGUE? _____
PLEASE DESCRIBE YOUR CLASSROOM ENVIRONMENT (E.G. CLASS SIZE, STRUCTURE, LEARNING ENVIRONMENT): _____

HOW IS THE APPLICANT'S GENERAL ACADEMIC ACHIEVEMENT? ABOVE GRADE LEVEL ON GRADE LEVEL BELOW GRADE LEVEL
IS THE APPLICANT IN A STREAMED/TRACKED/ACCELERATED PROGRAM? YES NO
IF YES, IN WHAT SUBJECT(S) IS THE APPLICANT:
IN AN ADVANCED SECTION? _____
RECEIVING LEARNING SUPPORT? _____
PLEASE ASSESS THE APPLICANT'S STANDARD OF ENGLISH AS DEMONSTRATED IN YOUR CLASS: _____

ABILITY TO EXPRESS HIM/HERSELF:

WRITTEN EXPRESSION:

DESCRIBE ANY PARTICULAR ACADEMIC STRENGTHS AND/OR WEAKNESSES:

PLEASE INCLUDE ADDITIONAL INFORMATION ABOUT THE APPLICANT'S CHARACTER, VALUES, PERFORMANCE AND POTENTIAL AS A STUDENT. IF YOU KNOW OF A PARTICULAR EXTRA-CURRICULAR ACTIVITY OR TALENT, PLEASE DESCRIBE:

IS THE APPLICANT INVOLVED IN ANY SERVICE ACTIVITIES IN OR OUT OF SCHOOL? YES NO

IF YES, PLEASE DESCRIBE:

HAS THE APPLICANT HAD ANY DISCIPLINARY, EMOTIONAL OR OTHER CONCERNS? YES NO

IF YES, PLEASE EXPLAIN:

HAS THE APPLICANT BEEN IDENTIFIED AS HAVING A LEARNING DIFFICULTY OR BEEN RECOMMENDED FOR A DIAGNOSTIC EVALUATION OR ASSESSMENT?

YES NO

IF YES, PLEASE EXPLAIN:

DOES THE APPLICANT PARTICIPATE IN A SPECIAL PROGRAMME, RECEIVE PROGRAMME MODIFICATION OR ACCOMMODATIONS (E.G. EXTENDED TIME), OR RECEIVE ACADEMIC OR REMEDIAL SUPPORT OUTSIDE OF SCHOOL? YES NO

IF YES, PLEASE GIVE DETAILS:

PLEASE EVALUATE THE APPLICANT'S LEVEL OF THE FOLLOWING:

	NO BASIS FOR JUDGEMENT	DEVELOPING/NEEDS IMPROVEMENT	MEETS EXPECTATIONS	EXCEED EXPECTATIONS (TOP 10%)
ACADEMIC PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENTIVENESS/FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPATHY AND RESPECT FOR OTHER STUDENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE REACTION TO ADVICE/CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONS WITH STAFF AND FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THE APPLICANT'S RECORD IS NOT A TRUE INDICATION OF HIS/HER ABILITY, PLEASE EXPLAIN FACTORS THAT HAVE INTERFERED WITH HIS/HER ACADEMIC ACHIEVEMENTS: _____

HAVE THE APPLICANT'S PARENTS BEEN CONSISTENTLY SUPPORTIVE OF THE SCHOOL AND COOPERATIVE IN WORKING WITH TEACHERS, COUNSELORS AND ADMINISTRATORS? YES NO

PLEASE EXPLAIN YOUR RESPONSE: _____

I RECOMMEND THIS APPLICANT FOR CAS:

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
CHARACTER AND SOCIAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR THE ELL/ESL TEACHER OF APPLICANTS

HOW WOULD YOU DESCRIBE THE LEVEL OF THE CANDIDATE'S ENGLISH PROFICIENCY?

- BEGINNER
- LOWER INTERMEDIATE
- INTERMEDIATE
- UPPER INTERMEDIATE 3 January 2011
- ADVANCED
- NEAR NATIVE
- NATIVE FLUENCY

WHICH OF THE FOLLOWING STATEMENTS DO YOU FEEL WOULD BE MOST APPROPRIATE OF THE APPLICANT?

- THE APPLICANT COULD BE TOTALLY MAINSTREAMED FOR ALL ACADEMIC CLASSES AND WOULD NEED NO ADDITIONAL ESL/ELL SUPPORT.
- THE APPLICANT COULD COPE WITH MOST MAINSTREAM ACADEMIC CLASSES, BUT WOULD NEED SOME ESL/EAL SUPPORT.
- THE APPLICANT IS NOT YET READY FOR MAINSTREAM ACADEMIC CLASSES AND SHOULD BE IN CLASSES SPECIALLY DESIGNED FOR ESL/ELL STUDENTS.
- NONE OF THE ABOVE. THE APPLICANT IS A BEGINNER AND IS NOT YET ABLE TO STUDY AN ACADEMIC SUBJECT IN ENGLISH.

HAS THE APPLICANT COMPLETED ESL/ELL TESTS OR EXAMINATIONS? YES NO

IF YES, PLEASE GIVE DETAILS: _____

SIGNATURE: _____ DATE: _____