



THE INTERNATIONAL SCHOOL OF PORT OF SPAIN

CONFIDENCE EXCELLENCE INTEGRITY

1 International Drive, Westmoorings, Trinidad and Tobago, W.I.
Phone: 1 (868)-633-4777, Fax: (868) 632-4595, Web: www.isps.edu.tt

SCHOOL RECOMMENDATION -GRADE 3 -GRADE 12

Applicants for Grades 3-5:

This form should be completed by the homeroom teacher.

Applicants for Grades 6-8:

One form should be completed by the English teacher and one by the Mathematics teacher.

Applicants for Grades 9-12:

One form should be completed by the English teacher, one by the Mathematics teacher and a third by the Counselor or Principal

Name of Applicant: _____ Applying for Grade: _____

Present School: _____

Current grade/year in School: _____

School Address: _____

School Telephone: _____ School Fax: _____

To the teacher: *The above student has applied for admission to the International School of Port of Spain. ISPS is an independent, coeducational day school offering a rigorous academic program in a supportive and nurturing environment. Your candid assessment of this student's strengths and weaknesses is an essential part of the selection process and is greatly appreciated. Please return directly to ISPS either by email (admissions@isps.edu.tt) or fax (868-632-4595) or sealed in the envelope provided to the school. The responses you give will remain strictly confidential.*

Name of Person completing recommendation: _____

Position: _____ Years in Position: _____

How long have you known this applicant? _____

How often do you have contact with this applicant: Daily Weekly Occasionally

Is the applicant's general academic achievement:

Above grade level/ excellent On grade level / good Below grade level / poor

Is the applicant in a streamed/tracked/accelerated program? Yes No

If so, in what subjects is the applicant:

In an advanced section? _____

In an average section? _____

In a slower section? _____

	No basis for Judgement	Below Average	Average	Good	Excellent (Top 10%)	Outstanding (Top 2-3%)
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant been identified as having a learning disability or been recommended for a diagnosis evaluation or assessment?

Does the applicant participate in a special program, receive program modification or accommodations (e.g. extended time), or receive academic or remedial support outside of school?

If the student's record is not a true indication of his/her ability, please explain factors that have interfered with his/her academic achievement.

Have the applicant's parents been supportive of the school and cooperative in working with teachers, counselors and administrators?

YES NO Elaborate: _____

If you would like to give us further information, please check here

Telephone number: _____ Time to call: _____ Your email: _____

Date: _____ Signed: _____

For math teacher of applicants to Grades 6-12:

What is the title of your course? _____

What topics are covered in the course? _____

For the counselor or principal of the applicants to Grade 9-12:

Should this student be in a competitive college preparatory program? _____
