

# COUNSELOR/PRINCIPAL RECOMMENDATION FORM GRADES 6-12

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RECOMMENDATION FORM

- Counselor  
 Principal

Name of the Student \_\_\_\_\_ Applying for Grade \_\_\_\_\_

School address \_\_\_\_\_

**To the Student:** Please give this form to your Counselor/Principal and ask him/her to complete and return it with the completed Teacher Recommendation Forms and a copy of your school records to Marymount International School's Admission Office.

**To the Counselor/Principal:** The Student whose name appears above is applying for admission to Marymount International School. Your candid assessment of this student's intellectual and personal qualities is important to the Board of Admissions in making its selection of suitable Students. All information submitted will be held in the strictest confidence. Please e-mail this form directly to Marymount International School together with the Teacher Recommendation Forms.

1. How long have you known this Student? \_\_\_\_\_

2. Please give your view of this Student's academic ability to complete successfully a college preparatory program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will this Student be able to undertake a full program of studies taught in English?

\_\_\_\_\_

4. Please give details of this Student's participation in extra curricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please check the boxes below on how you would rate this Student's character and personality:

No basis for a rating	Excellent top 10%	Very good well above average	Good above average	Average	Below Average	Poor
<input type="checkbox"/> Relationship with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relationship with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-discipline	<input type="checkbox"/>	<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"/>
<input type="checkbox"/> Self-confidence	<input type="checkbox"/>	<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"/>
<input type="checkbox"/> Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6. Has disciplinary action been taken against this Student?  Yes  No

If yes, please explain:

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7. Has the Student ever been suspended or expelled?  Yes  No

If yes, please explain:

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8. Does this Student have any special needs?

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9. We welcome any information you can give us about this Student "as a person". Description of both strengths and weaknesses are helpful, as are any specific examples of special personal qualities or talents. Please feel free to offer any additional comments you think may be helpful to the Board of Admission.

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10. Please provide below the Designated Safeguarding Officer or Child Protection Contact e-mail address should there be any issue related to Safeguarding.

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11. Are parents supportive of the School? Please explain.

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Name of Counselor/Principal: \_\_\_\_\_

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

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

School Seal



We are extremely grateful for your assistance and thank you for giving your time to this matter.