



THE INTERNATIONAL SCHOOL OF PORT OF SPAIN

DIFFERENCE MAKERS, FUTURE SHAPERS

1 International Drive, Westmoorings, Trinidad and Tobago, W.I.
Phone: (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. 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

Please assess the applicant's level of English (if appropriate):

Ability to express him/herself orally: _____

Written Expression: _____

What are the first three words that come to mind to describe this student?: _____

Describe any particular academic strengths and/or weakness: _____

Have there been any disciplinary, emotional or other concerns regarding this applicant? Please explain: _____

Is the applicant's general development: Above age expectations Age appropriate Below age expectations

Does the applicant participate in a special program, receive program modification or receive support from outside the school? _____

Please evaluate the applicant's level of the following:

	No basis for judgement	Below Average	Average	Good	Excellent (Top 10%)	Outstanding (Top 2-3%)
Academic Potential	<input type="checkbox"/>					
Academic Motivation	<input type="checkbox"/>					
Intellectual Curiosity	<input type="checkbox"/>					
Study Habits	<input type="checkbox"/>					
Organizational Ability	<input type="checkbox"/>					
Ability to Work in a Group	<input type="checkbox"/>					
Empathy and Respect for other Students	<input type="checkbox"/>					
Respect from other Students	<input type="checkbox"/>					
Respect for Faculty	<input type="checkbox"/>					
Personal Initiative	<input type="checkbox"/>					
Reaction to Setbacks	<input type="checkbox"/>					
Attentiveness/Focus	<input type="checkbox"/>					
Leadership	<input type="checkbox"/>					
Self-Confidence	<input type="checkbox"/>					
Honesty/Integrity	<input type="checkbox"/>					
Maturity	<input type="checkbox"/>					
Warmth of Personality	<input type="checkbox"/>					
Sense of Humor	<input type="checkbox"/>					
Energy	<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: _____