



# CARMEL SCHOOL

Excellence • Community • Tradition

**CONFIDENTIAL TEACHER RECOMMENDATION**  
**Applicable to external applicants of Pre-K to Grade 2**

## Parents:

Please complete this form. Give it to your child's Head Teacher/Year Leader/Subject Teacher(s), along with the envelope provided. This is a confidential reference and must be returned to us from the school.

Student's Name \_\_\_\_\_

Date of Birth  
 Entering Grade

Current Grade

## Release (mandatory):

I give permission for \_\_\_\_\_  
 to complete this form and return it to the Carmel School Association Limited. I understand that it will be used for admissions purposes only, and will not become part of my child's permanent record.

\_\_\_\_\_  
 Parent's Signature

### CARMEL SCHOOL ASSOCIATION

Carmel Elementary Campus  
 10 Borrett Road  
 Mid Levels, Hong Kong  
 T: +852 2964 1600  
 brcadmin@carmel.edu.hk

Elsa High School Campus  
 460 Shau Kei Wan Road  
 Shau Kei Wan, Hong Kong  
 T: +852 3665 5388  
 elsahighschool@carmel.edu.hk

Holly Rofé Early Learning Centre  
 70 Robinson Road  
 Mid Levels, Hong Kong  
 T: +852 2249 7600  
 jccadmin@carmel.edu.hk

[www.carmel.edu.hk](http://www.carmel.edu.hk)



## Dear Head Teacher/Year Leader/Subject Teacher(s):

The child named above has applied for admission to Carmel School Association Limited. Thank you for taking the time to complete this fully confidential evaluation. Please feel free to add additional comments that you feel are important to help us understand this child. If you have any questions, please call the Admissions Office on (852) 36655388.

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Teacher's Name

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Position

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School Name

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Address

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Telephone and Email

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Date of completion of this form

### **OFFICE OF ADMISSIONS**

Carmel School Association Limited  
460 Shau Kei Wan Road  
Shau Kei Wan, Hong Kong  
Email: [admin@carmel.edu.hk](mailto:admin@carmel.edu.hk)  
Telephone: (852) 36655388 Fax: (852) 36655399  
[www.carmel.edu.hk](http://www.carmel.edu.hk)

Name of Student: \_\_\_\_\_

**Please tick the box that applies in each category.**

**Attention Span**

- Able to focus and maintain attention over time
- Attends with occasional redirection
- Easily distracted and requires frequent redirection

**Task Persistence**

- Persists and completes tasks independently
- Attempts task, with some encouragement
- Attempts task, after much encouragement
- Refuses to attempt or complete task

**Degree of Independence**

- Able to work on most tasks independently
- Requires occasional assistance to complete task
- Requires frequent assistance to complete task
- Needs constant supervision or guidance to complete task

**Body Movement at Listening Times**

- Sits quietly with self control
- Some squirming
- Much movement
- Body constantly in motion; out of seat

**Interpersonal Skills**

- Works and plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers
- Has difficulty interacting with adults

**Comprehension to Instructions** (Teacher directed activities)

- Able to comprehend most instructions – age appropriate
- Understands after repetition
- After several repetitions, only partially understands instructions
- Does not appear to comprehend most instructions

**Attention to Instructions**

- Listens carefully to entire instructions
- Attends only to brief instructions
- Plunges ahead after hearing part of the instructions

**Communication Skills**

- Communicates ideas clearly
- Has difficulty expressing wants or needs
- Speech has sound substitutions
- Verbal interactions are inappropriate for age or situation

**Confidence**

- Has much self-confidence
- Confident with the familiar; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

**Language Development**

- Delayed
- Age appropriate
- Advanced

**Reading Readiness**

- Delayed
- Age appropriate
- Advanced

**Math Readiness**

- Delayed
- Age appropriate
- Advanced

Additional support services the applicant has received:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Gifted and Talented     | <input type="checkbox"/> Behaviour Support           |
| <input type="checkbox"/> Occupational Therapy         | <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Individual/Group Counseling |
| <input type="checkbox"/> Remedial/Learning Support    | <input type="checkbox"/> IEP                     | <input type="checkbox"/> Other                       |

Please provide detail and description for any of the services checked above. Please describe any improvement observed in these areas, and whether or not continued accommodation is recommended for the coming school term.

Does the applicant have any health or physical concerns? Any prescribed medication?

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