Elementary School

Teacher Recommendation Form



The applicant identified below is applying for admission to American International School Dhaka (AISD). Your thoughtful feedback is important, especially in assisting the student's transition to our community, if admitted. Thank you in advance for taking the time to complete this confidential recommendation. The information will not be available to the applicant, parents, or anyone outside of the AISD Admissions Department.

Upon completing this form, please email it directly to aisdadmissions@aisdhaka.org

Full Name of Applicant:

Current School:

Current Grade Level: Number of years the student been enrolled at your school:

1. PERSONAL DEVELOPMENT: Please select the criteria which best describes the applicant.

KEY: EAE = Exceeds Age Expectations, AA = Age-Appropriate, ND = Needs Development, NBJ = No Basis for Judgement

| ABILITIES | EAE | AA | ND | NBJ | ABILITIES | EAE | AA | ND | NBJ |
|--|-----|----|----|-----|--------------------------------|-----|----|----|-----|
| Attention skills, concentration, focus | | | | | Listening | | | | |
| Original thinking, creativity of approach | | | | | Receptive language skills | | | | |
| Ability to work independently and productively | | | | | Reading | | | | |
| Study habits and task completion | | | | | Decoding | | | | |
| Organization and class preparedness | | | | | Comprehension | | | | |
| Seeks help when needed | | | | | For pleasure | | | | |
| Follows directions | | | | | Writing | | | | |
| Participation in class discussions | | | | | Mechanics | | | | |
| Works cooperatively in groups | | | | | Spelling | | | | |
| Classroom behavior/interaction | | | | | Organization of ideas | | | | |
| Interacts appropriately with peers | | | | | Creativity and imagination | | | | |
| Interacts appropriately with adults | | | | | Speaking | | | | |
| Willingness to take risks, try new activities | | | | | Fluency, clarity of expression | | | | |
| Self-motivation, effort, drive | | | | | Math | | | | |
| Response to criticism/authority | | | | | Sense of number | | | | |
| Emotional maturity | | | | | Computation | | | | |
| Self-esteem | | | | | Problem Solving | | | | |
| Overall evaluation of the student | | | | | Spatial sense | | | | |

2. SUPPORT SERVICES: ENGLISH AS AN ADDITIONAL LANGUAGE

a.)Does the applicant speak any language(s) other than English? Yes No If YES, what is the applicant's level of English proficiency?

| | Beginner | Intermediate | Advanced | Fluent | Native Speaker |
|-----------|----------|--------------|----------|--------|----------------|
| Listening | | | | | |
| Speaking | | | | | |
| Reading | | | | | |
| Writing | | | | | |

| b.)Does the applicant receive English language learning support at school? | Yes | No |
|--|-----|----|
| i)If YES, how many hours per week? | | |

ii) If YES, which kind of support? Push in Support Pull out Support

c.) Does the applicant's English language proficiency impact their learning? Yes No If YES, please comment:

3. SUPPORT SERVICES: ADDITIONAL SUPPORT SERVICES

What support services, if any, has the applicant received? Check if previously or presently participating in any programs or services listed below.

| Type of Support | Yes | No |
|--------------------------------------|-----|----|
| Speech/Language Therapy | | |
| Educational/Psychological Assessment | | |
| Occupational Therapy | | |
| Individual Education Plan | | |
| Learning Support | | |
| Behavior Management | | |
| Counseling Support | | |
| Other | | |

If you answered YES to any, please provide additional details:

| 4. In what ways do parents support this applicant's education? |
|--|
| 5. Please share this applicant's strengths: |
| 6. Please share any areas of concern. |
| 7. Safeguarding: i) Have there been any safeguarding concerns regarding the applicant? Yes No ii) If any, would you like to discuss the applicant's safeguarding concerns with an admissions officer, principal or counselor? Yes No |
| 8. Do any of the following statements apply to the student? |
| Has had an excessive number of absences |
| Has had excessive tardiness |
| Has been dismissed, suspended, placed on probation, or has received other serious disciplinary sanctions |
| Has withdrawn from the school voluntarily for an extended period of time |
| If YES, please provide additional information. |
| |

| Your Name: | |
|--------------------------------|----------|
| Position: | |
| School Name | |
| Email: | Phone: |
| I have known this student for: | Website: |

Yes

No

Certification Statement

I certify that all information provided is true and correct to the best of my knowledge.

Date (DD/MM/YYYY):

12) If we require further information, may we contact you?

Please email this form directly to aisdadmissions@aisdhaka.org

Thank you for taking the time to complete this confidential recommendation.