

Elementary School Principal/Counselor 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) Would you consider this student for re-enrollment if they were to reapply to your school in the future?

Yes No

2) What are some strengths of this student?

3) Have there been any social and/or emotional concerns? If YES, please explain.

(Check here if you prefer to speak individually with one of our school counselors:)

4) Behavior

a) Have there been any behavioral or academic concerns? Please be specific in cases of academic dishonesty.

b) Please describe the student's relationship with peers.

c) Please describe the student's relationship with adults.

d) Please describe the parents' relationship with the school.

5) Does your school conduct standardized testing? Yes No

If YES, please provide: a) The name of the test(s):
 b) Applied at which grade levels?
 c) Please provide the most recent results of this standardized testing:

6) Please indicate if the student has received any of the support listed below:

	Received	Hours Per Week	Needs to continue?
English as an Additional Language			
Special Education/Learning Support			
Speech Therapy			
Behavioral Support			

7) Does this student have any assessments, evaluations, an IEP or Learning Support Plan?

Yes No

If YES, please explain and include the most recent date.

8) Attendance

a) Has the student had more than 15 days absent in any year at your school? Yes No

If YES, are you aware of any extenuating circumstances which caused these absences?

b) Overall, do you have attendance concerns for this student? Yes No

If YES, please describe your concerns:

c) Has the student withdrawn from the school voluntarily for an extended period of time? Yes No

If YES, please specify reason(s) below:

9) Are there any concerns for this student related to child protection, health & safety, or general welfare or well-being? If YES, please provide details or indicate that you would prefer to speak to an AISD counselor.

10) Recommendation

I recommend this student for:	Enthusiastically	With Confidence	With Reservation
Character			
Academic Ability			
Motivation			

11) Is there any information that can be better conveyed in a phone conversation? Yes No

If YES, please write your phone number, time zone, days of the week and time(s) of day you are available

12) If we require further information, may we contact you? Yes No

Your Name:

Position:

School Name

Email:

Phone:

I have known this student for:

Website:

Certification Statement

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

Date (DD/MM/YYYY):

Please email this form directly to aisdmissions@aisdhaka.org

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