



Seisen International School

Confidential Social Emotional Counselor Recommendation for Middle School and High School Applicants



To the writer: Please complete both sides of this form and send it directly to our school.
Your recommendation is important to our admissions process.

Student's Family Name _____ First Name _____ Middle Name _____ Student's Current Grade _____

Name of Person Completing the Form: _____

Title of Person Completing the Form: _____

Email Address: _____ How long have you known the student? _____

1. What are the first three words that come to mind to describe this student?

2. What special talents or abilities does the student demonstrate and share with her school community?

3. Insofar as you know,

a. Has this student had emotional or disciplinary problems or concerns in the past? yes no

b. Has the student demonstrated behavioral difficulties at school or elsewhere? yes no
If yes, please describe:

c. Has this student been suspended or expelled from any school? (*Grade 7-12 applicants only*). yes no

d. Use of tobacco, alcoholic beverages and drugs are unacceptable at Seisen International School.
Would this student have difficulty in adhering to our school policy? (*Grade 7-12 applicants only*) yes no

4. What support services, if any, has the student received?

Please indicate (✓) if currently or previously participating in programs or services listed below:

- | | |
|--|--|
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Gifted/Gifted and Talented |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> EAL (English as an Additional Language) | <input type="checkbox"/> Individual/Family Counseling |
| <input type="checkbox"/> Remedial/Learning Support | <input type="checkbox"/> Other (<i>please specify</i>) _____ |
| | <input type="checkbox"/> None |

5. Describe any of the programs checked above. Attach a separate sheet if necessary.
Please also describe any improvement observed in these areas.

6. Please describe any family, developmental or personal issues other than those mentioned above of which the school needs to be aware.

7. Does this student have any health issues of which we should be aware?

8. Are the parents' perception of their child compatible with the school's perception of the child and in what ways have the parents been supportive of your school? Please elaborate.

Please evaluate the student in terms of the characteristics listed below:

Please check (✓) appropriate response	Truly Outstanding	Excellent (Top 10% this year)	Good (Above average)	Average	Below Average	No basis for Judgment
Academic potential						
Academic achievement						
Intellectual curiosity						
Study habits						
Organizational skills						
Ability to work independently						
Ability to communicate						
Critical thinking skills						
Class participation						
Concern for others						
Honesty/integrity						
Self-confidence						
Maturity (relative to age)						
Responsibility						
Leadership						
Consideration for others						
Relationship with adults						
Relationship with peers						
Overall assessment of Academic qualities						
Overall assessment of Personal qualities						

If the student demonstrates relative strengths or weaknesses in any areas listed above, please elaborate.

Signature _____

Date _____

School Name _____

Country _____

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

Please send completed recommendation form directly to Seisen International School.

Mailing address: 1-12-15 Yoga, Setagaya-ku, Tokyo 158-0097 Japan

Tel: 81-(0)3-3704-2661 *Fax:* 81-(0)3-3701-1033 *Email:* admissions@seisen.com