

CONFIDENTIAL RECOMMENDATION FORM – FOR GRADES 9 – 12 (High School Counselor/ Principal)

Parents: Please sign this form & give it to your child's current school. To be completed by the Principal or Counselor.

I/We give permission for the evaluator to release the information on this form to the school to which we are applying for admission.
 I/We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent record.

Full Name of Applicant (as per passport) _____ Grade Applying to _____

School Year applied: _____ (For example **2024-2025** or **2025-2026**)

Parent/Guardian Name _____ (Printing your name constitutes a signature)

To the Evaluator: Please complete **both** pages of this form and email to recommendations@siskorea.org. We appreciate your input and candid evaluation of the applicant. The information shared is considered confidential and will not be shared with the applicant's parents or the applicant. We will follow up to confirm receipt.

Evaluator Name: _____ Professional Title: _____

School Name: _____ School Telephone: _____

Evaluator's Signature: _____ Email: _____

Date: _____

Please list subjects taught: _____

How well do you know the applicant academically? _____

How long & how well do you know the applicant as a person? _____

Academic/ Personal Qualities:	Consistently	Usually	Occasionally	Never	No Basis for Judgment
Sustains attention to tasks grade-appropriately					
Ability to work independently and productively					
Ability to work cooperatively					
Willingness to take risks, try new activities					
Accesses the curriculum with minimal guidance					
Reacts age-appropriately to feedback					
Responds positively to academic challenges					
Has age-appropriate study habits & organization					
	Excellent	Good	Fair	Below Average	No Basis for Judgment
Time Management skills					
Creativity					
Intellectual Curiosity					
Leadership Potential					
Self Confidence					
Concern for Others					
Participation in the School Community					
Respect for Authority					
Respect Accorded by his/her peers					

Full Name of Applicant: _____

Has the applicant been enrolled in an English as a Second Language program at your school? Yes No

Does the applicant have grade-level appropriate English skills? Yes No

Did your school make any special accommodations and/or modifications for this student? Yes No

If yes, please explain in detail: _____

Has the applicant had a psychological/educational assessment? Yes No

Has the applicant ever received any additional learning or behavior support within or outside the school? Yes No

What support services, if any, has the applicant received. Check all that apply:

EAL/ ESL (English as an Additional Language)

Occupational Therapy

Gifted & Talented Program

IEP/ 504 Plan (please include a copy)

Speech/ Language Therapy

Remedial/ Tutorial Program

Other. Please specify: _____

Will this applicant benefit from additional learning/behavior support to succeed? Yes No

Is this student in good standing and eligible for continued enrollment in your school? Yes No

Do the parents positively support your school's mission and philosophy? Yes No

If no, please explain: _____

Please share your comments about any educational, physical, social, or behavioral concerns about this student including their ability to make transitions, cooperation with peers & adults, awareness of social cues, respect for others, response to frustration:

Please comment on the student's extra-curricular activities.: _____

Should we call you for further information or comments that may be relevant to the admissions process? Yes No

I recommend this applicant:	with great enthusiasm	with confidence	with reservation	I do not recommend
for academic promise				
for personal promise				
overall recommendation				

We sincerely appreciate the time you've taken to complete this recommendation form. Please send this form to recommendations@siskorea.org