



## CONFIDENTIAL RECOMMENDATION FORM Applying for Gr 6 to Gr 12

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Current Grade/Year: \_\_\_\_\_ Current School: \_\_\_\_\_

**Parent or Guardian:** Please write your child's name and grade above and sign below before submitting the form to your child's current school.

*I understand and agree that the information contained in this form is confidential and will not be shared with applicant, parents or anyone outside the Admissions Committee.*

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date

### MATH Section (to be completed by student's current Math Teacher)

Social & Academic skills	Outstanding	Excellent	Above Average	Average	Below Average
Current academic standing					
Arithmetic skills					
Problem solving					
Homework completion					
Motivation to learn					
Study habits					
Ability to work with peers					
Self-confidence					
Works independently					
Ability to stay on task					
Attendance					

Describe the student's academic strengths and areas for improvement:

\_\_\_\_\_

\_\_\_\_\_

Please describe the student's relationship with peers and adults:

\_\_\_\_\_

\_\_\_\_\_

**Math Teacher's Name:** \_\_\_\_\_

**Math Teacher's Signature:** \_\_\_\_\_



**ENGLISH Section** (to be completed by student's current English Teacher)

Social & Academic skills	Outstanding	Excellent	Above Average	Average	Below Average
Current academic standing					
Vocabulary					
Reading comprehension					
Writing ability					
Verbal ability					
Study habits					
Ability to work with peers					
Self-confidence					
Ability to work independently					
Ability to stay on task					
Attendance					

Describe the student's academic strengths and areas for improvement:

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Please describe the student's relationship with peers and adults:

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Does the student complete required reading for class?

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Does the student read for enjoyment?

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Is the student currently or has the student received English Language Learning Support? If yes, please indicate the student's level of English proficiency.

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English Teacher's Name: \_\_\_\_\_

English Teacher's Signature: \_\_\_\_\_



**This section is to be completed by a SCHOOL ADMINISTRATOR or SCHOOL COUNSELOR**

Please indicate below how the student compares to his / her peers.

Social Emotion Development	Exemplary	Above Average	Average	Below Average	Unknown
Respect					
Academic potential					
Effort/determination					
Creativity					
Intellectual curiosity					
Compassion					
Integrity					
Self-esteem					
Accepts consequences					
Leadership potential					
Responsibility					
Overall evaluation as a student					

If the student is relatively weak or strong in the above areas, please give details.

Is the student receiving or has the student received support as listed below at your school, and do you recommend that these services be continued?

Learning Support	Received	Hours per week	Need to continue
English Learner Language (ESL, EAL)			Yes / No
Special Education Support			Yes / No
Academic Support			Yes / No

Has the student had a psychological/educational evaluation? If yes, please give details.

**Summary statement:** Please share additional information about this student. We are particularly interested in academic ability, intellectual potential, perseverance, leadership, consideration for others, and contribution to your community.

**Thank you for completing our Recommendation Form, please email to [admissions@ipsjumeira.com](mailto:admissions@ipsjumeira.com)**

Signature \_\_\_\_\_ Title \_\_\_\_\_ School Name \_\_\_\_\_

Date \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_