



CONFIDENTIAL TEACHER RECOMMENDATION FORM

FOR STUDENTS APPLYING TO YEAR 1 - 13

*PLEASE PRESENT THIS FORM TO YOUR CHILD’S CURRENT TEACHER

Name of applicant: _____

To the teacher:

The above-named student is applying for admission to Léman International School Chengdu. Your recommendation is very helpful to us in our placement process. We appreciate the time you spend and ask that you provide your candid evaluation of the applicant. You may rest assured that all information shared is considered confidential and disclosed only to the Admissions Department and other school personnel as deemed necessary. Should you wish to know more about Léman International School Chengdu, please visit our website at www.lis-chengdu.com.

Thank you!

Please return this form to:

By email: admissions@lis-chengdu.com

By mail:

Léman International School Chengdu

Admissions Office

#1080 Da’an Road, Zhengxing County, Tianfu New Area, Chengdu, Sichuan, China, 610218

If you have any questions, please call us at +86 28 6703 8650.

	Always	Usually	Occasionally	Rarely
Demonstrates age-appropriate self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to the challenges of required work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focuses and maintains attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tasks independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates ideas clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with others during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits age-appropriate study habits and organisational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates age-appropriate reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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1. How long and in what capacity have you known the student?

2. Are the parents supportive and appropriately and actively involved in the education of their child?

YES NO

Please provide comments:

3. Please describe the student's performance in the following areas:

Quality of work and work habits:

Interaction with classmates:

Interaction with teachers:

4. Has the student ever received any academic, behavioral, or similar support within or outside of school?

YES NO

If so, please describe the nature of the support provided:

5. Has the student ever been supported by a special program (i.e.: gifted and talented, special learning needs, speech, language or occupational therapy, behavioral needs, etc.) or had any individualised testing (i.e.: Intelligence testing, writing, reading and math diagnostics and/or psycho-educational testing)?

YES NO

If so please describe the nature of the program and/or testing the student received or has completed:

6. Does this student have year group level appropriate English skills? YES NO

7. Is this student currently enrolled in an ESL (English as a Second Language) or EAL (English as an Additional Language) Program? YES NO



If so, please rate the student's age appropriate proficiency level on a scale of 1 - 9 by checking one box below:

New to English

Native Speaker

1	2	3	4	5	6	7	8	9
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Direct teacher support

Some support, generally proficient

Able to function without support

8. If this student is in a school without English as the language of instruction, how many hours of English instruction per week does the student receive? _____

How many years has the student studied English? _____

9. Did your school make any special accommodations for this student? YES NO

If so, please explain in detail:

10. Has the student been frequently absent from school in any one school year? YES NO

If so, please explain in detail:

11. Please add any additional comments that will aid us in our admission decision and help us to facilitate this student's transition to the Léman International School:

I recommend this applicant for admission to the Léman International School Chengdu:

with great enthusiasm

with confidence

with reservation

I do not recommend this student

Print Name: _____

Title or Position: _____

School Name: _____

School Phone Number: _____

Date: _____

May we email you if we have further questions?

If so please provide your email address: _____