

Notes to parents/caregivers of applicant: Request that at least one teacher completes this form. Teachers must return this form directly to the International School of Havana.

Notes to teachers: Information from teachers is extremely valuable to our Admissions Department in determining if the International School of Havana is an appropriate setting for a student. Based on your professional judgment, please complete this form and return it to us at your earliest convenience. Your response will remain confidential. If any question does not apply to this student, please mark "N/A".

Applicant's Name(s) and Surnames(s): _____

Date of Birth (Month/Day/Year) __ / __ / ____

School: _____

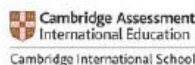
Teacher's Name: _____

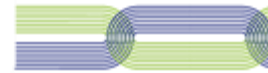
Last Grade completed _____

During which academic years have you taught this student? (Please indicate the level). In what other context(s) have you known this student?

Please evaluate the applicant relation to other students in your school, by placing an "X" in the appropriate box.

ACADEMIC QUALITIES	Excellent	Good	Average	Below Average	Poor	No Evidence
Academic Potential						
Academic Achievement						
Clarity & Organization of Written work						
Motivation and Drive						
Intellectual Curiosity						
Study Habits						
Reading Comprehension						
Oral Expression						
Ability to work independently						
Ability to work in groups						
Reading Speed						
Effort and Persistence						





PERSONAL QUALITIES	Excellent	Good	Average	Below Average	Poor	No Evidence
Honesty / Integrity						
Emotional stability						
Self-confidence/self esteem						
Tolerance for differences						
Level of Maturity						
Responsibility						
Personal Behaviour						
Respect for others						
Leadership						
Relationship with peers						
Relationship with adults						
Ability to learn from his/her own mistakes						

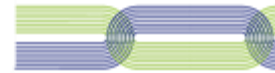
If you checked "Below Average" for any qualities mentioned above, please explain.

What words come to your mind describing the applicant's major strengths and areas for development?

Please describe any disciplinary, emotional, behavioral or other concerns regarding this applicant.

Is this student enrolled in any special programmes? Please offer information about the level of the services provided (i.e. hours per day/week, pull-out or inclusion, etc.)

PROGRAMME	COMMENTS
Diagnosed learning disability	
Educational / Psychological	
Speech / Language	
English as an Additional Language	
Counselling / Individual Behaviour Programme	
Gifted / Talented	



Has this student been recommended for and/or exited from any special programmes? If yes, please comment.

Has this student been retained in the past? If yes, please comment.

Has any testing been done that would assist us in assessment and placement? If so, please comment.

Please include any additional information about the applicant's character, performance, and potential as a student. If you know of any special talents or activities, please describe.

Is there any additional information that can be better conveyed in a phone conversation?

YES NO

If we need further information, may we contact you? YES NO

I recommend this student for admission to the International School of Havana:

Enthusiastically	Strongly	Without reservations	With reservations	Not at all

The International School of Havana appreciates the time you have taken to complete this recommendation. Please email this confidential recommendation form directly to the Admissions Office of the International School of Havana at admissions@ish.co.cu.

Form completed by: _____ Position: _____

Signature: _____ Date: _____

