

**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 Surna	mes(s):							
Date of Birth (Month/Day/Year) / /				School:				
Teacher's Name:	cher's Name:				Last Grade completed			
How long have you known this c	hild?							
Please tick in the box below which	ch best de	scribes	the stude	nt's ability in	the follo	owing areas	:	
ACADEMIC QUALITIES	Excellent	Good	Average	Below Average	Poor	No Evidence		
Reading Comprehension								
Writing Skills								
Spelling								
Mathematics-quantities skills & computation								
Mathematics-problem solving								

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	









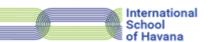












Has this student been recommended for and/or exited from any special programmes? If yes, please comment.

Has this student been retained/accelerated 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, tick in the box below which best describes the behavior/characteristics of this student

PERSONAL QUALITIES		Good	Average	Below Average	Poor	No Evidence
Displays intellectual curiosity						
Cooperates and interacts positively with peers						
Is creative and generates possible solution or alternatives to problems						
Notices relationships or association among unrelated things or ideas						
Is a self-starter, initiating activities and working independently						
Is able to organize and communicate ideas effectively						
Elaborates own ideas or the responses of others						
Becomes deeply involved or absorbed in certain topics						
Is mature in terms of resolving social issues or conflicts independently						
Enjoy building things, taking things apart & working with his/her hands						
Analyses, synthesizes and evaluates ideas, concepts and situations						
Notices and enjoys humorous situations; has a sophisticated wit						
Sets high standards for him/herself						
Needs extra challenges beyond the normal curriculum						
Sustains attention appropriate to the task						
Shows integrity/honesty						
Takes responsibility for own actions						
Exhibits good judgement						
Is a motivated learner, eager and engaged						
Notices and enjoys humorous situations; has a sophisticated wit						
Is responsible in using class time and completing assignments						
Demonstrates exceptional abilities in graphic arts or music						



















Please comment in more detail on the special or unique intellectual qualities of this student (intuition, creativity, vocabulary, mathematical understanding, imagination, learning preferences, artistic or musical talent, etc.)

Please comment in more detail on the social skills, citizenship and character of this student (group interaction skills, attitude, leadership, initiative, responsibility, empathy, sensitivity, independence, etc.)

Are this student's parents	supportive of	their child	and involved	I in the educationa	I process?

\_\_\_\_ YES \_\_\_\_ NO

Are this student's parents supportive of the programmes and policies of the school?

\_\_\_ YES \_\_\_ NO

Are there any special concerns about the student's attendance or promptness in arrival or departure?

\_\_\_ YES \_\_\_ NO

Are there any additional comments you feel are important regarding this student?

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

\_\_\_\_ YES \_\_\_\_ NO

















TEACHER QUESTIONNAIRE



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

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 <a href="mailto:admissions@ish.co.cu">admissions@ish.co.cu</a>.

Form completed by: \_\_\_\_\_\_ Position: \_\_\_\_\_ 
Signature: \_\_\_\_\_ Date: \_\_\_\_\_















