



SCHOOL RECOMMENDATION FOR ELEMENTARY AND HIGH SCHOOL

PARENTS:

This information will be used to better place your child in our academic programs. Please give this form either to your child's homeroom teacher, Elementary English teacher, school counselor or principal. We are interested in recommendations coming from school personnel who know your child best.

Please sign here to release this information _____

TO THE COUNSELOR, PRINCIPAL, IB COORDINATOR OR ELEMENTARY HOMEROOM TEACHER:

The student whose name appears below has applied for admission to Escola Maria Imaculada - Chapel School, a demanding American college preparatory Catholic school in São Paulo, Brazil. Your assistance in completing this recommendation will be appreciated.

Please return this form **sealed** to:

Chapel School
Escola Maria Imaculada
Admissions Office
Rua Vigário João de Pontes, 537
CEP 04748-000 São Paulo – SP – Brazil
Phone: (55) 11- 2101-7400 Fax: (55) 11- 5521-7763
Admissions@chapelschool.com
Web page: www.chapelschool.com

Name of Applicant		Date	
Current Grade		Applying for Grade	
Name of present school			
School Address			
Phone Number			
Length of time acquainted with student			
How often do you have contact with this student?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally		

Please indicate your impressions of the student:

	Excellent	Good	Fair	Below Average	Poor
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills & interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort / Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What adjectives would you use to describe the student?

How has the student performed academically in relation to potential?

Describe any particular academic strengths or weaknesses. If there is a learning disability, please explain.

In relation to other students in your class, how would you rate the candidate's overall aptitude?

Excellent Good Fair Below average

Have there been any disciplinary, emotional or other concerns we should be aware of?

Please comment on this student's character, citizenship and contributions to your community.

Please include any additional information that you feel would help us better meet the needs of this student

Thank you very much for completing this evaluation. All the information will be held in confidence.



Name of evaluator		Position	
E-mail		Phone Number	
Signature		Date	mm/dd/yyyy