



RECOMMENDATION FORM

Applicants Years 1 to 4: One form should be completed by the main classroom teacher and one by the Principal.

Applicants Years 5 to 12: One form should be completed by the English teacher, one by the Mathematics teacher, and one by the Principal.

Applicants ESL/EAL programme: One form should be completed by the ESL/EAL teacher.

The person completing this form should return it directly to:

Istanbul International School
Turistik Çamlıca Caddesi
No: 12 Büyük Çamlıca-
Üsküdar-İstanbul TURKEY
or by fax to +902163351220

APPLICANT INFORMATION

LAST NAME: FIRST NAME: CURRENT YEAR/GRADE:
CURRENT SCHOOL'S NAME:
SCHOOL'S PHONE NUMBER: SCHOOL'S FAX NUMBER:
SCHOOL'S ADDRESS:

TO THE TEACHER/PRINCIPAL

The student whose name appears above has applied for admission to Istanbul International School and we would appreciate your assistance in completing this form. In completing this Recommendation Form, please assess the applicant's suitability for success in our programme which is taught in English.

LAST NAME: FIRST NAME:
POSITION: EMAIL:
HOW LONG HAVE YOU KNOWN THE APPLICANT?
HOW OFTEN DO YOU HAVE CONTACT WITH THE APPLICANT? DAILY WEEKLY OCCASIONALLY
WHAT IS THE APPLICANT'S MOTHER TONGUE?
PLEASE DESCRIBE YOUR CLASSROOM ENVIRONMENT (E.G. CLASS SIZE, STRUCTURE, LEARNING ENVIRONMENT):

HOW IS THE APPLICANT'S GENERAL ACADEMIC ACHIEVEMENT? ABOVE GRADE LEVEL ON GRADE LEVEL BELOW GRADE LEVEL
IS THE APPLICANT IN A STREAMED/TRACKED/ACCELERATED PROGRAMME? YES NO

IF YES, IN WHAT SUBJECT(S) IS THE APPLICANT:

IN AN ADVANCED SECTION?

RECEIVING LEARNING SUPPORT?

PLEASE ASSESS THE APPLICANT'S STANDARD OF ENGLISH AS DEMONSTRATED IN YOUR CLASS:

ABILITY TO EXPRESS HIM/HERSELF: ABOVE GRADE LEVEL ON GRADE LEVEL BELOW GRADE LEVEL
WRITTEN EXPRESSION: ABOVE GRADE LEVEL ON GRADE LEVEL BELOW GRADE LEVEL

DESCRIBE ANY PARTICULAR ACADEMIC STRENGTHS AND/OR WEAKNESSES:

PLEASE INCLUDE ADDITIONAL INFORMATION ABOUT THE APPLICANT'S CHARACTER, VALUES, PERFORMANCE AND POTENTIAL AS A STUDENT. IF YOU KNOW OF A PARTICULAR EXTRA-CURRICULAR ACTIVITY OR TALENT, PLEASE DESCRIBE:

IS THE APPLICANT INVOLVED IN ANY SERVICE ACTIVITIES IN OR OUT OF SCHOOL? YES NO

IF YES, PLEASE DESCRIBE:

DOES THE APPLICANT HAVE ANY DISCIPLINARY, EMOTIONAL OR OTHER CONCERNS? YES NO

IF YES, PLEASE EXPLAIN:

HAS THE APPLICANT BEEN IDENTIFIED AS HAVING A LEARNING DIFFICULTY OR BEEN RECOMMENDED FOR A DIAGNOSTIC EVALUATION OR ASSESSMENT? YES NO

IF YES, PLEASE EXPLAIN:

DOES THE APPLICANT PARTICIPATE IN A SPECIAL PROGRAMME, RECEIVE PROGRAMME MODIFICATION OR ACCOMMODATIONS (E.G. EXTENDED TIME), OR RECEIVE ACADEMIC OR REMEDIAL SUPPORT OUTSIDE SCHOOL? YES NO

IF YES, PLEASE GIVE DETAILS:

PLEASE EVALUATE THE APPLICANT'S LEVEL OF THE FOLLOWING:

	NO BASIS FOR JUDGEMENT	DEVELOPING/NEEDS IMPROVEMENTS	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS (TOP 10%)
ACADEMIC PERFORMANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACADEMIC MOTIVATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTELLECTUAL CURIOSITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORGANISATIONAL ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO WORK INDEPENDENTLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATTENTIVENESS/FOCUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTEGRITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMPATHY AND RESPECT FOR OTHER STUDENTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SELF-CONFIDENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATURITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POSITIVE REACTION TO ADVICE/CRITICISM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RELATIONS WITH STAFF AND FACULTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ATTENDANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF THE APPLICANT'S RECORD IS NOT A TRUE INDICATION OF HIS/HER ABILITY, PLEASE EXPLAIN FACTORS THAT HAVE INTERFERED WITH HIS/HER ACADEMIC ACHIEVEMENTS:

HAVE THE APPLICANT'S PARENTS BEEN CONSISTENTLY SUPPORTIVE OF THE SCHOOL AND COOPERATIVE IN WORKING WITH TEACHERS, COUNSELLORS AND ADMINISTRATORS? YES NO

PLEASE EXPLAIN YOUR RESPONSE:

I RECOMMEND THIS APPLICANT FOR ISTANBUL INTERNATIONAL SCHOOL:

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
CHARACTER AND SOCIAL SKILLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACADEMIC POTENTIAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NAME:

SIGNATURE:

DATE:

FOR THE ESL/EAL TEACHER OF APPLICANTS

HOW WOULD YOU DESCRIBE THE LEVEL OF THE CANDIDATE'S ENGLISH PROFICIENCY?

- BEGINNER INTERMEDIATE ADVANCED NATIVE FLUENCY
 LOWER INTERMEDIATE UPPER INTERMEDIATE NEAR NATIVE

WHICH OF THE FOLLOWING STATEMENTS DO YOU FEEL WOULD BE MOST APPROPRIATE FOR THE APPLICANT:

- THE APPLICANT COULD BE TOTALLY MAINSTREAMED FOR ALL ACADEMIC CLASSES AND WOULD NEED NO ADDITIONAL ESL/EAL SUPPORT.
 THE APPLICANT COULD COPE WITH MOST MAINSTREAM ACADEMIC CLASSES, BUT WOULD NEED SOME ESL/EAL SUPPORT.
 THE APPLICANT IS NOT YET READY FOR MAINSTREAM ACADEMIC CLASSES AND SHOULD BE IN CLASSES SPECIALLY DESIGNED FOR ESL/EAL STUDENTS.
 NONE OF THE ABOVE. THE APPLICANT IS A BEGINNER AND IS NOT YET ABLE TO STUDY ACADEMIC SUBJECTS IN ENGLISH.

HAS THE APPLICANT COMPLETED ESL/EAL TESTS OR EXAMINATIONS? YES NO

IF YES, PLEASE GIVE DETAILS:

EXAM	SCORE

NAME:

SIGNATURE:

DATE: