

**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:

##  İstanbul 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 İstanbul 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: POSITION:

HOW LONG HAVE YOU KNOWN THE APPLICANT?

FIRST NAME: EMAIL:

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? IF YES, PLEASE DESCRIBE:

DOES THE APPLICANT HAVE ANY DISCIPLINARY, EMOTIONAL OR OTHER CONCERNS? IF YES, PLEASE EXPLAIN:

YES NO

YES NO

HAS THE APPLICANT BEEN IDENTIFIED AS HAVING A LEARNING DIFFICULTY OR BEEN RECOMMENDED FOR A DIAGNOSTIC EVALUATION OR

ASSESSMENT?

IF YES, PLEASE EXPLAIN:

YES NO

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?

 IF YES, PLEASE GIVE DETAILS:

PLEASE EVALUATE THE APPLICANT’S LEVEL OF THE FOLLOWING:

YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NO BASIS FOR JUDGEMENT | DEVELOPING/NEEDS IMPROVEMENTS | MEETS EXPECTATIONS | EXCEEDSEXPECTATIONS (TOP10%) |
| ACADEMIC PERFORMANCE |  |  |  |  |
| ACADEMIC MOTIVATION |  |  |  |  |
| INTELLECTUAL CURIOSITY |  |  |  |  |
| ORGANISATIONAL ABILITY |  |  |  |  |
| ABILITY TO WORK INDEPENDENTLY |  |  |  |  |
| ATTENTIVENESS/FOCUS |  |  |  |  |
| INTEGRITY |  |  |  |  |
| EMPATHY AND RESPECT FOR OTHER STUDENTS |  |  |  |  |
| LEADERSHIP |  |  |  |  |
| SELF-CONFIDENCE |  |  |  |  |
| MATURITY |  |  |  |  |
| POSITIVE REACTION TO ADVICE/CRITICISM |  |  |  |  |
| RELATIONS WITH STAFF AND FACULTY |  |  |  |  |
| ATTENDANCE |  |  |  |  |

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:

X

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NOTRECOMMENDED | WITHOUTENTHUSIASM | FAIRLY STRONGLY | STRONGLY | ENTHUSIASTICALLY |
| CHARACTER AND SOCIAL SKILLS |   |   |   |   |   |
| ACADEMIC POTENTIAL |   |   |   |   |   |

NAME: SIGNATURE: DATE:

**FOR THE ESL/EAL TEACHER OF APPLICANTS**

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

BEGINNER

LOWER INTERMEDIATE

INTERMEDIATE

UPPER INTERMEDIATE

ADVANCED

NEAR NATIVE

NATIVE FLUENCY

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 ITH 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? IF YES, PLEASE GIVE DETAILS:

|  |  |
| --- | --- |
| EXAM | SCORE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

YES NO

 NAME: SIGNATURE: DATE: