

School Recommendation Form

(To be completed by principal or counselor)



The Boarding School Association of America

Student Name: DOB: Current Grade

How long have you known the student: _____

What are the first three words that come to mind to describe this student:

Number of students in applicant's entire grade: _____

Has the student ever had any recurrent and/or serious disciplinary problems? If yes, please explain:

Is the student absent from class regularly? YES NO

Does the student have a tardiness problem? YES NO

Please explain if yes:

What are the student's strengths?

As a student: _____

As a person: _____

In which areas does this student need improvement?

As a student: _____

As a person: _____

What extra-curricular activities does the student participate in?

Has the student received any academic awards?

What is this student's relationship with his/her fellow classmates?

Based on your knowledge of this student, how would you evaluate his/her potential success as an international student in US school?

Excellent Good Average Below Average

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Please evaluate the student in the following areas by placing a check in the appropriate column.

| QUALITIES | OUTSTANDING | EXCELLENT | GOOD | AVERAGE | BLEOW AVERAGE |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Academic performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Creativity and imagination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motivation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to organize | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Honesty/integrity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self-esteem | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Self-discipline | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern for others | <input type="radio"/> | <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"/> | <input type="radio"/> |
| Reaction to setbacks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maturity (relative to age) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sense of humor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please add any other information you think is appropriate:

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student’s application.

Principal or Counselor’s Name (Print)

Signature

Date

Principal or Counselor’s Email

Principal or Counselor’s Phone

Mailing address