



SABIS International School UK

Bath, England

Member of the SABIS® School Network

RECOMMENDATION FORM

Student Name _____ Current Grade _____

The above named student is being considered for admission to the SABIS International School UK. The Admissions Office would appreciate the information requested, as it will prove invaluable in our evaluation of the applicant. A completely candid evaluation will serve the best interests of the student, the applicant's family, and the school. The information provided on this form will be used for admissions purposes only and will NOT be a part of the student's permanent file.

How long have you known the student and in what capacity?

Please comment on the student's academic achievements and abilities in the various subject areas; please indicate demonstrated strengths and /or weaknesses.

Please comment on the student's attitude towards learning; indicate interest level, motivation, and study habits.

Please comment on the student's character and personality traits such as honesty, sense of responsibility, potential for leadership, respect for authority, seriousness of purpose, and emotional stability.

Please comment on the student's social relationships with peers, teachers, and other adults.

Has the student been the subject of major disciplinary action? If yes, please explain the circumstances.

The following characteristics describe qualities a student might exhibit in school. Please check the characteristics which generally apply to this applicant.

<input type="checkbox"/>	Exercises positive leadership	<input type="checkbox"/>	Shows concern for others
<input type="checkbox"/>	Manages time well	<input type="checkbox"/>	Sought out by classmates
<input type="checkbox"/>	Takes initiative	<input type="checkbox"/>	Accepts responsibility
<input type="checkbox"/>	Is involved in activities	<input type="checkbox"/>	Is supportive of peers
<input type="checkbox"/>	Is well mannered	<input type="checkbox"/>	Is self-confident

Taking into consideration effort and achievement, how would you rate the student?

<input type="checkbox"/>	Exceptional	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
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Additional observations/comments:

Please use your school stamp here:

Name _____

School _____

School Address _____

City _____ Country _____