

## Confidential School Recommendation Letter for Grade 6 to 12

To be completed by the teacher, principal or counselor who is most familiar with the child.

Name of Applicant: \_\_\_\_\_ Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying for grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_

**PARENT OR GUARDIAN:** please write your child's name and grade in the spaces provided, read and sign the following before submitting to your child's **school**.

I understand and agree that the information contained in the recommendation is **confidential**. I also understand that this form will not be available to the applicant, parents or anyone outside the admission committee.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TEACHER:** If your school is in the Eastern Province, please complete this form and return it to the parent in a sealed envelope. All other schools send to **admission@ipsksa.com** or **Fax to +966-13-8570076** or **bring in sealed envelope**. This form will be treated confidentially and will not be shared with parents.

1. What are the first three words that come to mind that describe this student?

\_\_\_\_\_

ACADEMIC SKILLS	Truly Outstanding	Excellent	Above Average	Average	Below Average
Listens to and follows teacher's directions					
Works well in a group					
Demonstrates ability to work independently					
Enjoys new challenges					
Demonstrates ability to stay on task					
Exhibits appropriate work ethic					
Completes homework					

Comments on any of the skills: \_\_\_\_\_

2. Has this student received any of the help listed below at your school, and do you feel that these services need to be continued?

Service	Received	Period/Hrs a Week	Need to Continue
English as a Second Language	_____	_____	_____
Speech Therapy	_____	_____	_____
Special Education Support	_____	_____	_____

3. Does this student have any special learning needs? If so, please explain.

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4. Please indicate below how the student compares to his / her peers.

ACADEMIC SKILLS	Truly Outstanding	Excellent	Above Average	Average	Below Average	No basis for judgment
Respect						
Academic potential						
Academic achievement						
Effort / determination						
Willingness to take intellectual risks						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded to peers						
Emotional Stability						
Overall evaluation as a person						

If the student is relatively weak or strong in any areas above, please elaborate:

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5. Please comment on the parents' role in their child's education and their support of school policies.

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***Thank you for your help in our admission process!***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Name and address of school: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_