



## ENGLISH TEACHER RECOMMENDATION

*The student named below is a candidate for admission to Boca Prep International School. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process, and we would appreciate your most candid and thoughtful responses. This form may be emailed as a PDF to [stan.daniel@iesmail.com](mailto:stan.daniel@iesmail.com).*

Student's Name: \_\_\_\_\_ Enrolled Grade: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Term/Year Applying: \_\_\_\_\_

Name of School: \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s).
2. How large is the class? \_\_\_\_\_
3. What are the first words that come to your mind to describe this student?  
\_\_\_\_\_  
\_\_\_\_\_

4. Please evaluate the applicant in the following areas:

### Vocab/ Reading/ Writing Ability

*Please check appropriate response(s).*

		Below grade level	Consistent with grade level	Above grade level
<b>Vocabulary</b>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading</b>	Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Capacity for drawing inferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to move from literal to figurative interpretations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b>	Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clarity of style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to organize Ideas in a logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please discuss the student's overall performance in relation to his or her ability.  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the student's class participation and working relationship:
  - a. With other students  
\_\_\_\_\_  
\_\_\_\_\_
  - b. With adults  
\_\_\_\_\_  
\_\_\_\_\_





Please check appropriate response(s).

### Classroom Evaluation

Please check appropriate response(s).

	Limited	Fair	Average	Good	Outstanding
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability/inclination to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Personal Evaluation

Please check appropriate response(s).

Integrity and honesty	<input type="checkbox"/>	cannot be trusted	<input type="checkbox"/>	questionable	<input type="checkbox"/>	trustworthy	<input type="checkbox"/>	highly developed
Consideration of others	<input type="checkbox"/>	thoughtless	<input type="checkbox"/>	seldom considerate	<input type="checkbox"/>	usually considerate	<input type="checkbox"/>	unusually supportive leader
Social adjustments with peers	<input type="checkbox"/>	serious problems	<input type="checkbox"/>	loner	<input type="checkbox"/>	friendly	<input type="checkbox"/>	leader
Classroom conduct	<input type="checkbox"/>	troublemaker	<input type="checkbox"/>	occasionally disrupts	<input type="checkbox"/>	usually good	<input type="checkbox"/>	always good
Initiative	<input type="checkbox"/>	never initiates	<input type="checkbox"/>	rarely initiates	<input type="checkbox"/>	occasionally initiates	<input type="checkbox"/>	always initiates
Emotional stability	<input type="checkbox"/>	insecure	<input type="checkbox"/>	overly tense	<input type="checkbox"/>	stable	<input type="checkbox"/>	resilient
Self Confidence	<input type="checkbox"/>	needs much reassurance	<input type="checkbox"/>	needs some support	<input type="checkbox"/>	confident	<input type="checkbox"/>	very confident
Fulfills responsibilities	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	usually	<input type="checkbox"/>	always
Cooperation of parents/guardian	<input type="checkbox"/>	poor	<input type="checkbox"/>	fair	<input type="checkbox"/>	good	<input type="checkbox"/>	outstanding

Please comment on this student's character and personality (e.g., maturity, peer relationships, sense of humor, enthusiasm, etc.) and any strengths or weaknesses that should be noted.

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Please Print

Teacher's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Teacher's signature \_\_\_\_\_

Teacher's E-mail: \_\_\_\_\_

School: \_\_\_\_\_

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

Thank you for taking the time to complete this evaluation.

