

# Yongsan International School of Seoul

Truth \* Excellence \* Diversity



## Teacher Recommendation Form

(Entering 2nd - 12th Grade)

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Dear Teacher: The child above is applying for admission to Yongsan International School of Seoul. Your candid insight will help the Admissions Committee in its evaluation of this applicant. We sincerely appreciate your assistance. **All information shared is confidential.**

***In relation to other students whom you have taught, please rate this child in the following areas:***

ACADEMIC PERFORMANCE	Exceptional (top 2-3%)	Excellent (top 10%)	Above Average	Average	Below Average	Not Observed
<b>English/Language Arts</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decoding/Word Attack Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mathematics</b>						
Math Facts/Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concept Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall</b>						
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to Succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Exceptional (top 2-3%)	Excellent (top 10%)	Above Average	Average	Below Average	Not Observed
<b>STUDY HABITS</b>						
Completion of Work	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL CHARACTERISTICS</b>						
Positive Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible and Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please briefly answer the following questions.**

1. What are the first words that come to mind when you describe this applicant?

2. Does the applicant possess any special competence, talent, or potential for leadership?

3. Have you observed any behavior or disciplinary concerns?

4. Does the applicant receive any support in any programs or services listed below?

*(Please check all that apply.)*

ESOL/ESL

Behavior Support

Occupational Therapy

Learning Support

Speech/Language Therapy

Resource Center

Gifted and Talented

IEP/504 Plan

Other \_\_\_\_\_

5. Any additional comments:

6. How long have you known this applicant?

7. In what context?

\_\_\_\_\_  
Teacher's Name (Please print)

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

School \_\_\_\_\_

Email \_\_\_\_\_

Please mail or fax this form directly to:

**OFFICE OF ADMISSIONS**

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