



Please submit a signed and scanned copy of the Recommendation Letter to Wroclaw International School Admission Officer by e-mail: enrollment@fem.org.pl



RECOMMENDATION LETTER

Section A

To the School Office: Please fill out this document for application to WIS.

Name of student

Date of birth

Grade level

School curriculum

Section B

To the Teachers, Counsellor, or Director: We appreciate your cooperation in providing us with school records and a confidential recommendation for the above named child. Please forward school records or transcripts of evaluations and grades. If the student left before the end of term, please include grades/ evaluations up to the time of withdrawal. Please include any other information that would be beneficial to us in working with this student.

Approaches to Learning

| | In need of improvement | Satisfactory | Good | Excellent | Not applicable |
|--|------------------------|--------------|------|-----------|----------------|
| Attends class punctually, equipped and ready to work | | | | | |
| Works cooperatively | | | | | |
| Works independently | | | | | |
| Participates in classroom activities and discussions | | | | | |
| Actively listens in class | | | | | |
| Organizes time effectively | | | | | |
| Completes assignments on time | | | | | |
| Concentrates | | | | | |
| Seeks help when necessary | | | | | |
| Demonstrates effort | | | | | |

Personal Characteristics

| | In need of improvement | Satisfactory | Good | Excellent | Not applicable |
|------------------------------------|------------------------|--------------|------|-----------|----------------|
| Motivation | | | | | |
| Conduct | | | | | |
| Self Confidence | | | | | |
| Independence | | | | | |
| Response to Criticism | | | | | |
| Concern for others | | | | | |
| Respect for individual differences | | | | | |
| Responsibility | | | | | |
| Relationship with peers | | | | | |
| Relationship with adults | | | | | |
| Emotional maturity | | | | | |

Please note any academic, personal, social and / or behavioural concerns you have about this student:

Has the student ever received:

YES NO

Psychological Assessment

Physical Therapy

Occupational Therapy

Speech and Language Therapy

Counselling

If you have answered yes to an of the above, please include reports of testing and / or therapy.

Has the student ever received any serious disciplinary sanctions? YES NO

If yes, please explain:

Any additional comments:

Recommendation

I recommend this applicant for admission

Enthusiastically Strongly With reservation Not at all

Name Job Title

Email Telephone

Signature Date

.....
School stamp

Thank you for completing this recommendation!