



## CLASSROOM TEACHER RECOMMENDATION FOR APPLICANTS TO ELEMENTARY AND MIDDLE SCHOOL GRADE 2 – 8

**Instruction:** Thank you for taking time to complete this evaluation. Your expertise and insight are invaluable to us as we gather information about each applicant. Please rate the applicant in relationship to other students you have had in recent years. Specific examples and anecdotes are especially helpful. This information is confidential and privileged.

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

Teacher's Name: \_\_\_\_\_

### ACADEMIC PERFORMANCE

Superior      Good      Average      Below Average      Poor

#### Language Arts

Oral Language Skills	<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"/>
Reading Comprehension Skills	<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"/>

#### Mathematics

Math Facts / Computational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Concepts Development	<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"/>

Language Arts

Mathematics

Has additional tutoring or outside assistance been recommended/given?

\_\_\_\_\_

\_\_\_\_\_

### STUDY HABITS

Superior      Good      Average      Below Average      Poor

Motivation / Efforts	<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"/>
Pattern of completing work on time	<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"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERSONAL CHARACTERISTICS**

	Superior	Good	Average	Below Average	Poor
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE COMMENT BRIEFLY ABOUT:**

1. Applicant's greatest strengths and/or talents:

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2. Special areas that may need to be addressed:

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3. Any behavior or discipline issues:

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4. Comments:

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Teacher Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title/Position \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Thank you for providing us with this information*

Please mail this form directly to:

**INTERNATIONAL SCHOOL OF CURAÇAO**  
P.O. BOX 3090, Koninginnelaan  
Emmastad, Curaçao, Netherlands Antilles  
Tel: 599-9-737-3633 | 599-9-737-3098 | 599-9-737-3961  
Fax: (599-9) 737-3142 | E-mail: [iscmec@attglobal.net](mailto:iscmec@attglobal.net)