

ADMISSIONS

HOMEROOM/LEAD TEACHER RECOMMENDATION FA-005

Date of completion				
Day	Month	Year	\bigcup	

A. GENERAL I	INFORMATION						
Applicant's La	st name	Applicant's First Name					
Teacher's Last	name	Teacher's First Name					
School's Name	e						
City			Country				
			Telephor	e			
The enclosed	Imisiones@alcaparros.edu.co d information is strictly confi INFORMATION ave you known the applicant?						
2. Please write	e a brief description of the ap	plicant's strenę	gths.				
	e a brief description of the ap		tudents in his		ge group w	/hom you	have met.
3. Please eval	luate the applicant in compari				ge group w	/hom you	have met.
3. Please eval	uate the applicant in compari	son to other st	tudents in his			/hom you	have met.
3. Please evalu	luate the applicant in compari tiative, independence If - confidence	son to other st	tudents in his			/hom you	have met.
3. Please evalui Init	luate the applicant in compari tiative, independence If - confidence sponsibility	son to other st	tudents in his			/hom you <u>O</u>	have met. Outstanding
3. Please evalue Initi Sel	luate the applicant in compari tiative, independence If - confidence sponsibility aturity	son to other st	tudents in his			·	
3. Please evaluation in the second in the se	luate the applicant in compari tiative, independence If - confidence sponsibility aturity ork habits	son to other st	tudents in his			<u>О</u> <u>Н</u>	Outstanding High
3. Please evaluation of the second of the se	luate the applicant in compari tiative, independence If - confidence sponsibility aturity	son to other st	tudents in his			О <u>Н</u> <u>А</u>	Outstanding High Average
3. Please evaluation in the second in the se	tiative, independence If - confidence sponsibility aturity ork habits aily routines onflict resolution skills	son to other st	tudents in his			<u>О</u> <u>Н</u>	Outstanding High Average Low
3. Please evaluation in the second of the se	luate the applicant in compari tiative, independence If - confidence sponsibility aturity ork habits aily routines	son to other st	tudents in his			О <u>Н</u> <u>А</u>	Outstanding High Average
3. Please evaluation of the second of the se	tiative, independence If - confidence sponsibility aturity ork habits aily routines onflict resolution skills oncern for others	son to other st	tudents in his			О Н <u>А</u> <u>L</u>	Outstanding High Average Low
3. Please evaluation of the second of the se	luate the applicant in compari tiative, independence If - confidence sponsibility aturity ork habits aily routines onflict resolution skills	son to other st	tudents in his			О Н <u>А</u> <u>L</u>	Outstanding High Average Low

	0	Н	Α	L	NA
Overall academic achievement					
Academic capacities					
Understanding of oral English					
Spoken English					
Reading comprehension in English					
Written English					
Reading skills					
Mathematical logical thought					
Math Facts					
OVERALL					

<u>O</u>	Outstanding
<u>H</u>	High
<u>A</u>	Average
L	Low

NA Not Applicable

Please feel free to use this space if you want to comment on any of the indicators above.	
4. Which extracurricular activities does the student participate in? Does the student have special talents, skills, or inter Please specify.	ests?
5. Does the applicant have learning issues that may limit his/her participation in the school program? If so, explain.	
6. Please comment on the applicant's behavior.	
7. Are there any personal or psychological factors that we should be aware of?	
8. How does the applicant handle conflicts or challenging situations involving peers?	
3. Do the applicant's parents or guardian participate in school activities? If so, Which?	
10. Are the applicant's parents or guardian open to suggestions and supportive of the applicant's learning?	
11. Please add any additional information that you consider would give us a more complete picture of the applicant.	
Teacher's Signature	