



PERSONAL RECOMMENDATION GRADE 6 - 12

To the applicant: Please give this form to a teacher who knows you best

Student information

Candidate Name:		Nationality:	
Home address:		State:	
Current School:		School Address:	
Applying for School Year:		Grade:	
Parent/Guardian Signature(s):		Date:	

To the Recommender

The student mentioned above is applying to enroll at The International School in Genoa. We would appreciate your candid assessment of this student, in particular on the student's academic performance and potential, organizational skills, motivation and personal character.

This completed recommendation should be sent directly to the admissions office of ISG via email (info@isgenoa.it) or via mail to the address below. (Letters sent by students and/or their families or brought in person will be accepted only if presented in a signed and sealed school envelope.) **This letter will be used for admissions purposes only and will not be shared at any time with the student or family.** Thank you very much for your time and help. You may write your response below or attach a letter on school letterhead.

Recommender's name:

Position:

In what capacity have you known this applicant?

How would you describe this applicant?

As a teacher, what would you tell a colleague to expect from this student by way of participation and performance in class?

Are there any special strengths or weaknesses we should take into account?

Please evaluate the student in the following areas

	Poor	Below Average	Average	Good	Excellent
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Responsibility	<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"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude	<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"/>
Relationship with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's signature:

Date:

Please email this form to info@isgenoa.it as soon as possible.