



Teacher Recommendation Form

To the student: Complete the above information and then give this form to a counselor/teacher who can comment about your potential to succeed in college.

Student's Name: _____ Enrolled Grade: _____

Address: _____

Phone Number () _____ Term/Year Applying: _____

Name of School: _____

To the teacher: The student named above is a candidate for admission to Boca Prep International School. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process, and we would appreciate your most candid and thoughtful responses. This form may be faxed to (561)483-2004, emailed as a PDF to admission.bocaraton@iesedu.com or mailed to Boca Prep International School.

1. How long have you known this student? _____ years _____ months.

Current course: _____ How large is the class: _____

Please describe your course _____

2. How well does the student understand what he or she has read?

3. How well does the student express his/her ideas in written form. Please be specific about areas of strength and weakness.

4. How well does the student accept advice or criticism?

5. Please comment on this student's character, citizenship and contributions to your school and community.

6. Is there anything else that you think we should know about this student?

7. Please rate this student on the following:

Skills	Outstanding	Above-average	Average	Needs improving	N/A
Academic potential					
Effort/Determination					
Creativity					
Integrity					
Intellectual Curiosity					
Organization					
Concern for others					
Self-esteem					
Emotional Stability					
Ability to work independently					
Ability to complete assignments without direct supervision					
Ability to sustain attention in the classroom					
Respect accorded by faculty					
Respect accorded by faculty					

8. I strongly recommend _____ or do not recommend _____ this student be admitted to Boca Prep International School.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidates application. All information you provide will be held in confidence and disclosed only to the Admission Committee and others deemed necessary by the Director of Admission.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Telephone Number: _____ Email Address: _____