



THE INTERNATIONAL SCHOOL OF DAKAR
 B.P. 5136 Dakar, Senegal
 Website: www.isdakar.org

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 Fax: (221) 33-860-8523
 Email: admissions_coordinator@isd.sn

Confidential Recommendation

(On completion, this form must be sent directly to the Admissions Office via email, fax or official sealed envelope)
TO BE COMPLETED BY HEAD OF SCHOOL OR DESIGNATED TEACHER

Family name	First name	Middle name
Birth date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of School		Grade applicant currently studying at
Number of years in formal education (post-Kg)		Has applicant repeated/advanced a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, please detail)

Please evaluate the applicant in relation to other students in your school by placing an "X" in the appropriate box

ACADEMIC QUALITIES	Excellent	Good	Average	Below Average	Poor
Academic potential					
Academic achievement					
Motivation					
Intellectual curiosity					
Focus					
Class participation					
Creativity					
Organizational ability					
Ability to work independently					
Ability to work in groups					

PERSONAL QUALITIES	Excellent	Good	Average	Below Average	Poor
Emotional stability					
Personal behavior					
Self confidence					
Level of maturity					
Responsibility					
Tolerance for differences					
Respect for others					
Leadership					
Relationship with peers					
Relationship with adults					

If you checked "Below Average" or "Poor" for any of the above, please explain

ENGLISH LANGUAGE PROFICIENCY	Fluent	Developing	Beginner
Spoken English			
Written English			
Spoken first language (if not English)			
Written first language (if not English)			

What are the applicant's greatest strengths?
What are the applicant's greatest challenges?
Does the applicant receive any special learning services in your school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details
Does the applicant possess any diagnosed learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details
Has the applicant ever had a behavioral or academic assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details
Has the applicant been involved in individual or group counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details
Has the student ever been suspended or had a serious code infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide details
Please list extracurricular activities in which this student has been involved in this year (sports, arts, committees, etc.)
How realistic is the family's view of their child as a learner and how much are they involved?

Name and Subject/Grade Level of Teacher completing form	
Signature	Date
School Address	
Email	Telephone

We appreciate the time you have taken to complete this form.