

Confidential Recommendation (Grades 1-5)

To the writer: Please complete both pages of this form. If you do not know the applicant well enough to complete this recommendation, please return it to the applicant's parents.

Parent	Section
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Child's Name Parent/Guardian			Applyii	Applying to Grade Date (mm/dd/yy)				
			Date (m					
Teacher	r Section							
Name of	person completing form				Ti	tle		
School n	ame							
Location	(City, State, Country)							
How long	g and in what capacity have you known	the applica	nt?				_	
Please eval	uate the candidate in relation to his or he	er fellow stud	lents as follows:					
No opportuni to observe	ity	Poor	Below Average	Average	Good	Excellent (top 10%)	Truly Outstanding (top 2-3%)	
io observe	Academic qualities					(IOP 1070)	(IOP 2-070)	
	Academic potential –							
	- Academic achievement —							
	Intellectual curiosity –							
	Follows directions –							
	Completes tasks –							
	Organizational skills –							
	Ability to work independently -							
	Ability to communicate ideas –							
	Critical thinking skills –							
	Class participation –				-		-	
	Math performance (circle)	Below grade level		On grade level		Above grade level		
	Reading performance (circle)		grade level	· ·		Above grade level		
	Writing performance (circle)	Below	grade level	On gra	de level	Above g	grade level	
	For Grade One Applicants Only:	-	1 1					
	Language development (circle)		elayed	Age app	•		anced anced	
	Reading Readiness(circle)	De	elayed	Age app	ropriate	Adv	ancea	
	Overall assessment –							
	Personal qualities							
	Accepts/responds to teacher directions -							
	Adaptability/flexibility -							
	Self-confidence -							
	Attentive/focused -							
	Consideration of others -				-			
	Self-control –							
	Ability to act independently -							
	Willingness to participate in group							
	Relationship with peers							
	Relationship with adults							
	Overall assessment –							



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Please answer the questions below. Use a seperate sheet if necessary.

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1. What words come to mind to d	lescribe the applicant's major strengths	and weaknesses?	
What special talents or abilities	does the applicant possess?		
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a said the state of the state of			
What behavioral difficulty, if an	ny, has the applicant demonstrated eithe	er at school or elsewhere?	
4. To your knowledge, is the parer	nt's perception of their child compatible	with the school's understanding of the child	1? Please comment.
5. What support services, if any, h	nas the applicant received? Check if pr	reviously or presently participating in any pr	rograms or services listed below:
□ ELL/ESL (Eng. as a second lang.)	☐ Gifted/Talented	☐ IEP (Individualized Education Plan)	□ 504 Plan (USA)
□ Remedial/Learning Support □ Behavioral Management	□ Speech/Language Therapy □ Individual/Family Counseling	☐ Occupational Therapy☐ Other	☐ Use of Special Resource Centers
		necessary.) Also, please indicate if any com aluation. If so, give the date and describe th	
6. In what ways have the applicant's	s parents been cooperative and supportive	ve in working with teachers, counselors and a	dministrators? Please elaborate.
C:		Deta ((11()	
☐ In the event that a parent reque:	ests this recommendation be shared with c	other international schools in Tokyo, I give perr	mission to ASII to forward it directly to
the schools specified by the pare	ents. The recommendation will remain co	onfidential and will not be shared with the fam	ily. Please check if you agree.
		mendation. Please mail, email or fax this form	
Japan at the address below, or give	it to the applicant's parent in a sealed en	velope to be delivered with other application	documents. Thank you.

The American School In Japan
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