



**British International School
of New York**
River View Campus

TEACHER RECOMMENDATION FORM/ Year Two through Year Six

To the parent/s of the applicant

Please fill in, sign this form and send it to your child's present school. A completed report is a necessary part of your application to the British International School of New York.

I hereby authorise you to send school records of my child:

Name of applicant: _____

to:

**The Admissions Office
The British International School of New York
River View Campus,
20 Waterside Plaza,
New York,
New York 10010.**

I understand that the Teacher Recommendation Form is confidential between the sending school and the British International School of New York and will be used only for the purpose of admission.

Signature of Parent _____

Date _____

To the teacher of the applicant

Thank you for taking a few moments to fill in this form. Your comments will help us understand if this applicant and the British International School of New York are a good match. This form will become part of the student's admission file and will remain confidential. Please return the form as soon as possible.

The British International School is unique in New York in offering the rigour of the UK National Curriculum and the enthusiasm and enquiry based learning approach of the IB Primary Years Programme. We offer admission to children we feel will flourish educationally and emotionally in the safe, nurturing environment we provide.

If you have any questions, please call the Admissions Office at 1 212 481 2700. You can also find out more about us by visiting our website www.britishinternationalschool.org.

Thank you for your help.



**British International School
of New York**
River View Campus

**TEACHER RECOMMENDATION FORM FOR APPLICATIONS
YEAR TWO THROUGH YEAR SIX**

APPLICANT INFORMATION

Name of student: _____	Gender: _____
Date of birth: _____	Preferred name: _____
Street address: _____	Home phone No.: _____
City/State/Zip/Country: _____	
Present school name: _____	Proposed entrance date: _____
Teacher and class: _____	Date of this report: _____
How long have you known this child? _____	Submitted by: _____
Language spoken at home: _____	Any other languages? _____

1. Academic Development

	Area of Strength	Age Appropriate	Progressing toward age appropriate	Area of Concern
Reading:				
Decoding skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maths:				
Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceptualisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language:				
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits:				
Attention span	<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"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement relative to potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please describe any notable physical strengths or weaknesses: visual, motor, auditory (including frequency of ear infection), and comment on general health, including level of absenteeism.

3. Please comment on the child's language and speech development. Has the child been recommended for speech or language evaluation or therapy? (Please specify)

4. Please comment on the child's social/emotional development.

5. Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion, and attitudes.

6. Personal qualities (leadership, character, honesty, sense of humour, responsibility, concern for others).

7. Academic development: Please define areas of academic strength and weakness and comment on their nature and extent:

8. Family

Is there anything significant about the home life which will help us to understand this child? (new baby, move, divorce/separation)?

Have all financial obligations been met?

Have you received active cooperation from the parents?

Please describe the parents' involvement with the school.

Please comment:
What adjectives come to mind to describe this applicant?

9. In relation to boys and girls of the same age you have known and using the scale below, how would you rate the pupil?

	Excellent	Good	Average	Weak
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Please tick here if you wish to discuss this pupil by telephone

_____ *Best time to call and contact details*

b. Additional comments:

Signed: _____

Date: _____

Title: _____

Telephone: _____