



RECOMMENDATION FORM



SCHOOL RECOMMENDATION FORM

Please be kind enough to provide a true assessment of the candidate and send it directly to admissions@la-garenne.ch

STUDENT INFORMATION

Student's First Name

Student's Family Name

Date of Birth

Sex

Male Female

Nationality & Mother Tongue

Current Year/Grade

SECTION A

Please write a brief description of the student's academic strengths

Please write a brief description of the student's academic weaknesses

Is there anything we should know about this student that may impact his/her learning?

Please describe the student's history of attendance during the previous years

PLEASE FILL IN THE TABLE BELOW

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
ACADEMIC ABILITY				
WORKS INDEPENDENTLY				
WORKS WELL IN A GROUP/COLLABORATE				
LISTENS/FOLLOWS INSTRUCTIONS				
ORGANIZATIONAL SKILLS				
OBSERVES SCHOOL/ CLASSROOM RULES				
USE OF ENGLISH				
USE OF FRENCH				
GENERAL BEHAVIOUR				
RESILIENCE				
MOTIVATION				
SELF-CONFIDENCE				
CREATIVITY				
RELATION WITH OTHER STUDENTS				
RELATION WITH STAFF				

SECTION B

How would you describe the student's character and personality (level of maturity, sense of values, passion, qualities ...)?

If the student is in a boarding school, how well-adapted is she/he to school life?

Has the student received any Special Educational Support in the last two years? Please give details

Has the student been formally identified as gifted and talented? Please give details

Has the student experienced any physical or emotional difficulties (bullying, depression, anxiety ...)? Please give details

Has the student been subject to any serious disciplinary procedures at his/her current school? If yes, please describe.

Relationship between school and the family (communication, participation in child's education, financial responsibilities)?

SECTION C

Would you like to add any additional comments?

YES

 NO

If **Yes**, please provide details

Is there any additional information that can be better conveyed in a phone conversation?

INFORMATION CONCERNING THE PERSON COMPLETING THIS RECOMMENDATION:

Name & Surname:

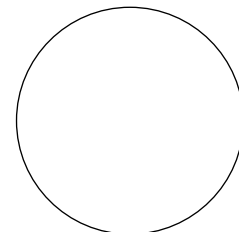
Position:

Email:

How long have you known this candidate:

Date, signature

School Stamp



Please send back this file to: admissions@la-garenne.ch
 Thank you for your help!