

**Confidential Teacher Recommendation
Early Years Programme (ages 3 - 5)**

Name of student _____ Current grade _____

How long have you known the student and in what capacity? _____

How often do you have contact with the applicant? (*please circle the appropriate answer*)

Daily

Weekly

Occasionally

1. Please describe your classroom environment (ei. class size, structure, programme).

2. Please assess the student applicant's level of English by circling an option below:

Native language Fluent Conversational Intermediate Beginner No skills Unknown

3. Is the applicant's general development: (*please circle the appropriate answer*)

Above age expectations

Age appropriate

Below age expectations

4. Please evaluate the applicant's level of the following:

	Excellent	Strong	Age appropriate	Delayed	No basis for judgement
Ability to stay on task					
Curiosity					
Language development					
Speech development					
Literacy development					
Fine motor skills					
Gross motor skills					
Level of independence					
General behaviour					
Ability to get along with other students					
Self-confidence					
Maturity					



To be completed by a teacher and returned by school to ISL

5. Please describe any academic strengths the student exhibits.

6. Does the applicant require any additional support either in or outside of school? (*please circle all that apply and, when appropriate, explain below and/or on a separate sheet*)

English as a Second Language Learning Support Services Tutoring None that I know of

7. Please comment on the applicant's attendance.

8. Have the applicant's parents been supportive of the school and cooperative in working with teachers, counsellors and administrators? Please explain.

9. Please include additional information that would help us in working with this student.

On behalf of the International School of Luxembourg, thank you very much for your time and effort. The information which you have provided us is invaluable. Should we have any further questions concerning the student, we hope that you will be amenable to being contacted by us.

Your Name: _____

Signature: _____ Date: _____

Title: _____

School: _____

Address: _____

Telephone: _____

Email: _____

Official School Stamp: