



SCLSID Applicant Recommendation Letter

Name of Applicant (as on passport): _____ Current Grade: _____

Applicant's Present School (full name): _____

Your Name: _____ Your Position: _____

Your Email Address: _____

How are you related to the student? (Please check the relevant boxes below)

- Homeroom teacher Grade Director Dean of Teaching Affairs
 Dean of Student Affairs Principal Other _____

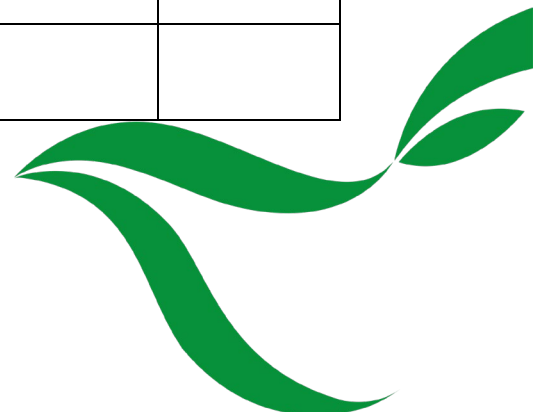
The above-mentioned student is applying for admission to Shanghai Soong Ching Ling School International Division (SCLSID). We appreciate your time in completing this recommendation form, and request that the person most knowledgeable about the student respond to the questions below. The checklist helps us evaluate areas of general interest and student capabilities. Your honest evaluation of the applicant will be of great value to the Admission Committee.

All information shared is considered confidential and disclosed only to the Admission Committee and other school personnel as deemed necessary by the Office of Admission.

Please tick the relevant options in the below table:

Academics and Work Habits

	Usually	Sometimes	Seldom
Pursues tasks to completion even when difficult			
Demonstrates intellectual curiosity			
Enjoys complex tasks or ideas			
Exhibits a variety of interests			
Follows oral directions			
Requires little redirection/prompting from adults			





Social and Emotional Development

	Usually	Sometimes	Seldom
Is helpful in the classroom			
Cooperates well in a group			
Show empathy and tolerance toward others			
Helps to promote cooperative classroom environment			
Is respectful to adults			
Respects property			

Please answer the following questions:

1. What are the first few words that come to mind when you think of this child?

2. What do you consider to be the student's greatest strength?

3. What do you consider to be the student's greatest needs?

4. How long and in what capacity have you known this student?

5. Aside from the above mentioned, is there anything else you would like to highlight about the student?

6. I recommend this student

Enthusiastically With confidence With reservation Do not recommend

Date (mm/dd/yy): _____

Note: Please fill in this form and send it to the SCLSID Admissions Office by Email admission.center@scls-sh.org

