

Letter of Recommendation

To be completed in English by a Teacher, Counselor, or Principal and include an official school seal or stamp)

Thank you for taking time to complete this form for the student named below who wishes to spend a semester or year living with a family abroad and attending school within the Sudbury Catholic District School Board. Your evaluation will be held in strict confidence.

Student Name: _____

Name : _____ Position: _____

Name and Address of School: _____

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

Categories	Rate			
	Excellent	Good	Fair	Poor
Attitude towards School/School Work	<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"/>
Initiative and Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this student have a history of frequent absence from school? Yes No

Has this student presented any discipline problems? Yes No

If Yes, please describe: _____

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Are you aware of any physical or mental health issues that could affect this student's success? Yes
No

If Yes, please describe: _____

Based on your knowledge of this student, how would you evaluate their potential success as an international student?

Excellent Good Average Poor

If Yes, please describe: _____

Please add any comments you think may be appropriate: _____

Signature:	Date:
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Official School Seal or Stamp:
