

Dominican International School

76 Tah Chih Street, Taipei 10464 Taiwan, R.O.C.

Admissions Office: 25338451 ext. 204



RECOMMENDATION FORM

The person completing this form should have known the applicant for **AT LEAST ONE SEMESTER**. This form may **ONLY** be completed by any of the following: **Principal, Assistant Principal, Prefect of Discipline, Guidance Counselor or Homeroom/Subject Teacher**. **Recommendations from extra-curricular teachers/coaches or tutors will not be accepted.**

Name of Pupil / Student

Gender:

Female

Male

Last Name

First Name

English Name

To the Evaluator: This student is seeking admission to the Dominican International School Taipei, a Catholic coeducational school offering instruction in English from Pre-Kindergarten (age 4) through twelfth grade (age 18). Please provide an honest and specific evaluation of the applicant. Thank you very much for your cooperation and assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. Has the applicant been subjected to any disciplinary action? Yes No

Comments: _____

3. Does the applicant have any physical condition which may affect his/her performance in school? Yes No

Comments: _____

4. Have you observed any behavior that may affect this applicant's academic performance in school?

Yes No Comments: _____

5. Please evaluate the applicant in comparison with other students whom you have known,

Performance Indicators	5 Superior	4 Above Average	3 Average	2 Fair	1 Poor
English Language Proficiency					
Fine Motor Development (age 4-7)					
Academic Performance					
Integrity					
Emotional Maturity					
Ability to Follow Instructions					
Time Management Skills					
Leadership Skills					
Problem Solving Skills					
Study Habits					
Resourcefulness and Initiative					

6. Comment on this student's academic strengths and weaknesses, learning style, social skills, and/or personal qualities that might be used to place the student in the appropriate learning environment.

7. Additional comments about this student would be greatly appreciated.

May we contact you for further information? Yes No

Date: _____

Evaluator's Name: _____

Position: _____

School Name: _____

Telephone: _____

School Address: _____

E-Mail: _____

Signature: _____

Note: This form can be sent to registrar@dshs.tp.edu.tw by the evaluator ONLY. If the applicant delivers this document by hand, the envelope should be sealed and countersigned across the flap by the evaluator.

The applicant will not be notified of the committee's decision until we receive this form.

Prompt submission of this form at your convenience will be greatly appreciated.