



## PRINCIPAL/COUNSELOR/TEACHER RECOMMENDATION FORM

Name of applicant: \_\_\_\_\_ Applying for Year Level: \_\_\_\_\_

### Counselor, Principal or Teacher

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments. Return it in an envelope, or email it to the Office of Admissions listed below. This recommendation form will be treated confidentially and will not be shared with parents.

Thank you for your cooperation.

| Activity                                     | Needs       |   |   |           |   | Comments |
|--|-------------|---|---|-----------|---|----------|
|  | Improvement |   |   | Excellent |   |          |
| Attends school on a regular basis            | 1           | 2 | 3 | 4         | 5 |          |
| Is on time to class                          | 1           | 2 | 3 | 4         | 5 |          |
| Completes class assignments on time          | 1           | 2 | 3 | 4         | 5 |          |
| Demonstrates eagerness and capacity to learn | 1           | 2 | 3 | 4         | 5 |          |
| Engages in school activities                 | 1           | 2 | 3 | 4         | 5 |          |

| Please check Yes or No  | Yes | No |
|---|-----|----|
| Does this student have special behavioural, psychological or emotional needs that might impact the student's chances of success in school?  |     |    |
| Is this student receiving any special medication related to assisting him/her in the school setting?  |     |    |
| Are there any special strategies or interventions that have been used with this student that you would recommend?   |     |    |
| Do you have any reason to suggest that this student be evaluated and/or referred for specialized support?   |     |    |
| Has this student ever received the services listed below?<br>-English as a Second Language (ESL)<br>-Special education support<br>-Academic Support/tutoring<br>-Speech therapy<br>-Occupational therapy<br>-Counseling/therapy |     |    |



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Please check how you would rate this student's character and work habits:

|                       | Excellent | Very good | Good | Needs improvement | Unsatisfactory | N/A |
|-----------------------|-----------|-----------|------|-------------------|----------------|-----|
| Respects school rules |           |           |      |                   |                |     |
| Respects others       |           |           |      |                   |                |     |
| Uses self-discipline  |           |           |      |                   |                |     |
| Follows directions    |           |           |      |                   |                |     |
| Works independently   |           |           |      |                   |                |     |

What do you see as the student's area(s) of strengths and difficulties?

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Indicate student's overall academic placement (circle): Exceeds Meets Below

Would this student be permitted to re-enroll in your school? If no, please explain.

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Principal/Teacher/Counselor information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Signature: \_\_\_\_\_

Please give this form to parents in a sealed envelope or send this form by e-mail to:

Admissions Officer  
English Modern School, Doha  
Email: [Admissions.officer@emsdoha.net](mailto:Admissions.officer@emsdoha.net)