



CONFIDENTIAL GUIDANCE RECOMMENDATION 2017-18

STUDENT SECTION: (To be completed by the student applying for the international program)

STUDENT NAME: _____ CURRENT SCHOOL: _____

ZONED SCHOOL: _____ REQUESTED SCHOOL: _____

GUIDANCE COUNSELOR/DEAN: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Student must submit this form, and an envelope addressed to the requested school, to their current guidance counselor/dean who will then send completed document to the requested school.

TO BE COMPLETED CONFIDENTIALLY BY THE GUIDANCE DEPARTMENT/DEAN:

- 1.) Level of Scheduled Classes: Advanced Not Advanced

- 2.) Attendance: Unexcused Absences Unexcused Tardies

- 3.) These academically challenging programs require students to work at a very high level. Students must be motivated and enjoy learning. In your opinion, does this student possess the necessary characteristics for successful performance? Yes No

Please check one of the following regarding this student's acceptance into a Cambridge/IB Programs:

- | | |
|--|---|
| <input type="checkbox"/> Strongly Recommend | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with Reservations | <input type="checkbox"/> Do Not Recommend |

Other Comments: (add additional sheets if necessary)

A confidential guidance recommendation for each application. This form must be placed in a signed/sealed envelope and sent to the requested school. Please write the name of the child and the name of the requested school/program on the envelope. All recommendations must be received by the Educational Program Opportunity application deadline in order to be considered.