

## **Toronto International Student Programs**

Letter of Recommendation

## This form must be completed, in English, by a Teacher, Counselor, or Principal

Student Name: Date of Birth:				
		Day/Month/Year		
Name of (Teacher Counselor Principal):				
School Name: Telephone Number:				
School Address:				
Please rank the student in comparis	son with his or her classmates b	oy marking an "	X" in the appropria	te box:
Category	Excellent	Good	Average	Poor
Academic ability				
Academic Performance (Effort)				
Positive Attitude toward school				
Emotional Stability				
Maturity				
Adaptability to Changes				
Leadership Abilities				
Cooperation with Others				
Extra-Curricular Involvement				
Participation in class				
Attendance				
Social Abilities				
How many years have you known the student? L  At what capacity have you known this student? _		rears 3 years	,	
Does this student have a history of frequent abse	nces from school?	Ye	es No	
Does this student have any health (e.g.; physical/o	emotional) concerns?			
What is the student's relationship with his/her fel Based on your knowledge of this student, how wo		•	Uncooperative an international stud	dent?
Any addition comments to describe the student:				
Signature: D	ate: E			

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