





CONFIDENTIAL RECOMMENDATION

Applicants for Grades 3-5:

This form should be completed by the homeroom teacher.

Applicants for Grades 6-8:

One form should be completed by the English teacher and one by the Math teacher.

Applicants for Grades 9-12:

One form should be completed by the English teacher, one by the Math teacher and another by the counselor or principal.

My/our child, named below, has applied fo his confidential recommendation. We gi							nce in completing	
Student Name	Parent/Guardian Name							
Parent/Guardian Signature				Dat	e			
Name of Person Completing Form				Position				
School Name								
How long and in what capacity have you known	the above stud	dent?						
Please evaluate the student in	relation to	his or her clas	smates as	follows:	(Please check ✔)			
	Poor	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2-3%)	NA (did not observe)	
ACADEMIC QUALITIES		Average			(100 1070)	(top 2-370)	(did flot observe)	
Academic Potential Academic Achievement Intellectual Curiosity Follows Directions Completes Tasks Organizational Skills Ability to Work Independently Ability to Communicate Ideas Critical Thinking Skills Class Participation Math Performance Reading Performance Writing Performance (for Gr. 1 applicants only) Language Development Reading Readiness		Below Grade Level Below Grade Level Below Grade Level Delayed Delayed	Oi	n Grade Level n Grade Level n Grade Level Appropriate Appropriate	Ab		I	
PERSONAL QUALITIES								
Accepts/Responds to Teacher Direction Adaptability/Flexibility Self-Confidence Attentive/Focused Consideration of Others Self-Control Ability to Act Independently Willingness to Participate in a Group Relationship to Adults								

1. What words	s come to mind to describe the student's	major strengths?		
2. What word:	s come to mind to describe the student's	major weaknesses?		
 3. What speci	ial talents or abilities does the student de	monstrate?		
4. What behav	vioral difficulty, if any, has the applicant d		or elsewhere?	
	ort services, if any, (that you know of) has ns or services listed below:	s the student received? Plea	se check (🗸) if currently or previously partic	sipating in any of
	Behavior Management Occupational Therapy IEP ESOL/ESL (English language support) Remedial/Learning Support		Gifted & Talented/Honors Speech/Language Therapy Individual/Family Counseling Use of Special Resource Centers Other: None	
	Please describe any of the programs	checked above: (Attach a se		
6. In what wa	vs have the student's parents been coope	erative and/or supportive in v	working with the school, teachers, counselor	rs and/or administrators?
	,			,
Signature			Date	
E-mail			Tel.	

Thank you very much for your time in completing this recommendation. Please send via postal mail, fax or scan directly to the school at address below, or give to the parents in a sealed envelope to be delivered with other application documents. All information will be held in confidence.

PAN AMERICAN CHRISTIAN ACADEMY

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