



• Address: North An Khanh-Splendor, Km 10+600, Thang Long Avenue, An Khanh, Hoai Duc, Hanoi, Vietnam

• Phone: +84 (0)24 3399 6464 • Email: [info@stpaulhanoi.com](mailto:info@stpaulhanoi.com) • Website: <http://www.stpaulhanoi.com.vn>

## TEACHER RECOMMENDATION FORM

*To be completed by a teacher of the student's choice from the most recent school.*

Student's Full Name	_____	Date of Birth (mm/dd/yy)	_____
Nationality	_____	Current Grade	_____
School Name	_____	Location	_____
Language of Instruction	_____	Website	_____
Type of Curriculum	_____	Grade Level	_____

Please indicate what dates this student has attended your school: from \_\_\_\_\_ to \_\_\_\_\_

Please indicate how long you have known this student: \_\_\_\_\_

\*Has this student ever repeated a grade or accelerated through grades in your school? No  Yes

Please explain \_\_\_\_\_

\*Has this student received any learning support or modifications in the classroom? No  Yes

Please explain \_\_\_\_\_

\*Has this student ever demonstrated behavioral difficulties at your school? No  Yes

Please explain \_\_\_\_\_

\*Has this student ever been suspended or expelled from your school? No  Yes

Please explain \_\_\_\_\_

\*Is this student performing at grade level in all academic subject areas? No  Yes

Please explain \_\_\_\_\_

\*Does this student make an extra-curricular contribution to your school? No  Yes

Please explain \_\_\_\_\_

\*Would this student need English language support? Maybe  No  Yes

## Confidential Comments & Writing Sample

ST. PAUL AMERICAN HANOI appreciates any additional information that you may be able to provide in order for us to meet the needs of this student. We kindly request that you provide us with any insights into this student's character, personal qualities and academic skills by completing the questions below and attaching a writing sample to this evaluation. We value your responses and are grateful for your time and cooperation in responding.

What words would you use to describe this child?

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What would you describe as this child's personal strengths?

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What would you describe as this child's personal challenges?

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Please comment on his / her social and emotional development.

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Please comment on his / her ability in the area of language arts.

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Please comment on his / her ability in the area of mathematics.

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Please evaluate the applicant's level of the following:

<b>Academic performance</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
<b>Works independently</b>	<input type="checkbox"/> Very dependent	<input type="checkbox"/> Moderately Independent	<input type="checkbox"/> Very Independent
<b>Respect for others</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
<b>Maturity</b>	<input type="checkbox"/> Immature	<input type="checkbox"/> Average	<input type="checkbox"/> Very Mature
<b>Participation in school life</b>	<input type="checkbox"/> Minor participation	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Outstanding
<b>Commitment to homework</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
<b>Focus</b>	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Can focus	<input type="checkbox"/> Is always focused
<b>Leadership</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
<b>Self-confidence</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Moderately confident	<input type="checkbox"/> Very confident
<b>Interaction with teachers</b>	<input type="checkbox"/> Avoids contact	<input type="checkbox"/> Is dependent	<input type="checkbox"/> Is comfortable
<b>Organizational skills</b>	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Organized	<input type="checkbox"/> Highly organized
<b>Ability to work in group</b>	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
<b>Self-motivation</b>	<input type="checkbox"/> Not very motivated	<input type="checkbox"/> Motivated	<input type="checkbox"/> Highly Motivated

Please evaluate the family relationship with the school based on the following:

Parental Support

Uncooperative

Usually cooperative

Very cooperative

To ensure the confidentiality, please kindly email the completed form to the Admissions Office directly at [admissions@stpaulhanoi.com](mailto:admissions@stpaulhanoi.com) or return it to the parents in a sealed envelope.

Your full name (In Print)

\_\_\_\_\_

Professional title / Position

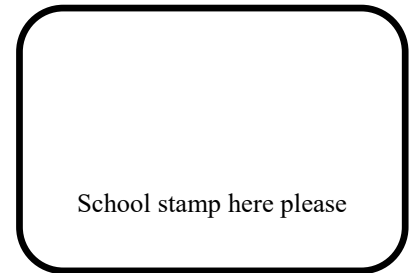
\_\_\_\_\_

Email address

\_\_\_\_\_

Date

\_\_\_\_\_



School stamp here please