RECOMMENDATION FORM A LEVEL PROGRAM CHELSEA INTERNATIONAL ACADEMY

For completion by a Teacher from your High School. (Confidential Recommendation for student) To be filled by the student and given to the teacher.

Name:				
Last	Middle	First		
Sig	nature	Date		
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Note to the Teacher:

The applicant whose name appears above has applied for admission to the A Level Program at Chelsea International Academy, New Baneshwor. You have been selected by the applicant to submit your comments regarding the applicant. Please complete all selections of the evaluation form. Additional information regarding the applicant can be attached with the form. Please return the completed evaluation, sealed and stamped, to the student.

If you have questions, please contact us at:

Phone: 4472902, 4499662	E-mail: <u>mail@chelsea.edu.np</u>
Teacher's Name:	Position:
School's Name:	Phone:
Address:	
Signature	Date

1. How long and in what capacity have you known the applicant?

2. What do you believe the greatest strengths of the applicant?

3. What are the weaknesses or development needs of the applicant?

4. Has the student ever had any disciplinary problems? Has he ever been suspended or expelled? If so, please explain.

5. Please evaluate the applicant in comparison to others you have known who have pursued high school education.

	Below Average	Average	Good	Excellent	Outstanding
Ability to work with others					
Adaptability					
Communication Abilities					
Concern for others					
Creativity					
Energy					
Initiative					
Maturity and balance					
Motivation					
Openness of personality					
Self-confidence					
Self-discipline					
Reliability					

6. Please discuss your evaluation as described in sec. 5, and provide any additional information you believe would be helpful.