



Seisen International School
Confidential Counselor Recommendation
 (for Incoming Grades 1 -12)

To the writer: Please complete both sides of this form and send it directly to our school. Your recommendation is important to our admissions process. We would appreciate your most candid and thoughtful responses.

Date _____ Student's First Name _____ Middle _____ Last _____ Student's Current Grade _____

Name and Title of Person Completing Form _____

Check One: Counselor Head Of School/Principal Other _____

School Name _____

School Address _____

Country _____

School Telephone Number _____ School Fax Number _____ E-mail address of writer _____

How long have you known the student? _____

Please place check marks at the points that represent the student in relation to her peers as follows:

Please check √ appropriate response	Truly Outstanding	Excellent (TOP 10% This year)	Good (Above Average)	Average	Below Average	No Basis For Judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Study Habits						
Organizational Skills						
Ability to Work Independently						
Ability to Communicate Ideas						
Critical Thinking Skills						
Class Participation						
Concern for Others						
Honesty/Integrity						
Self-Confidence						
Maturity (Relative to Age)						
Responsibility						
Leadership						
Consideration of Others						
Relationship with Adults						
Relationship with Peers						
Overall Assessment Of Academic Qualities						
Overall Assessment Of Personal Qualities						

If the student demonstrates relative strengths or weaknesses in any areas listed above, please elaborate.



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1. What are the first three words that come to mind to describe this student?

2. What special talents or abilities does the student demonstrate and share with her school community?

3. Insofar as you know,
 - a. Has this student had emotional or disciplinary problems or concerns in the past?
 yes no

 - b. Has this student been suspended or expelled from any school? (*Grade 7-12 applicants only*)
 yes no

 - c. Use of tobacco, alcoholic beverages and drugs are unacceptable at Seisen International School. Would this student have difficulty in adhering to our school policy? (*Grade 7-12 applicants only*)
 yes no

4. What support services, if any, has the applicant received? Check if previously participating in any programs or services listed below:
 - Behavior Management
 - Occupational Therapy
 - IEP
 - ESL (English as a Second Language)
 - Remedial/Learning Support
 - 504 Plan
 - Gifted/Gifted and Talented
 - Speech/Language Therapy
 - Individual/Family Counseling
 - Other _____
 - None

5. Describe any of the programs checked above. Attach a separate sheet if necessary. Please also describe any improvement observed in these areas.

6. In what ways have the student's parents been supportive of your school. Please elaborate.

Signature

Date

**We are very grateful for your assistance and thank you for giving your time to this matter. Please send this completed recommendation directly to our school: Seisen International School
12-15 Yoga 1-chome
Setagaya-ku Tokyo, Japan, 158-0097
03-3704-2661
www.seisen.com**