



7. Does this student have any health issues of which we should be aware?

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8. Is the parent(s)' perception of their child compatible with the school's perception of the child and in what ways have the parents(s) been supportive of your school? Please elaborate.

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**Please evaluate the student in terms of the characteristics listed below:**

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 for 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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Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Country \_\_\_\_\_

We are grateful for your assistance and thank you for giving your time to this matter.

Please send completed recommendation form directly to Seisen International School.

*Mailing address:* 1-12-15 Yoga, Setagaya-ku, Tokyo 158-0097 Japan

*Tel:* 81-(0)3-3704-2661 *Fax:* 81-(0)3-3701-1033 *Email:* admissions@seisen.com