



Teacher Recommendation Form

For Students Applying to 1st - 12th Grade

Full name of Applicant: _____ Age: _____ Current Grade: _____

This form is a requirement for admission consideration at the Metropolitan School of Panama and is to be completed by the applicant’s current teacher. Teachers may e-mail the form directly to admissions@themetropolitanschool.com or send it with the parents in a sealed envelope, stamped with the school’s seal. Please note that the child’s application can not be processed until this form is received by our Admissions Office.

Note to the Teacher: This teacher recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. Your feedback is greatly appreciated.

Name of School: _____ How long have you known the student? _____

Is this school an IB World School? Yes No Which IB Program is offered? PYP MYP DP

If the school is not IB, which curriculum is offered? _____

Please rate this applicant on the following characteristics, if applicable.

S = Superior AA = Above Average A = Average B = Below Average N = No Basis for Judgement

Area of Development	S	AA	A	B	N
Gets along with peers					
Respects others’ rights and property					
Enters new activities enthusiastically					
Cooperates with classmates and teachers					
Listens attentively					
Follows directions					
Accepts and follows through on suggestion for improvement					
Shows leadership qualities					
Takes part in class discussions					
Able to work independently					
Demonstrates self-confidence/positive self-image					
Exhibits self-control in the classroom					
Accepts responsibility for own action and mistakes					
Uses time wisely					
Completes class work in reasonable amount of time					
Completes homework assignments					
Is enthusiastic about learning					
Shows organization and planning skills					
Understands concepts and materials					
Expresses feelings appropriately					
Uses classroom materials responsibly					

What are the applicant's areas of strength?

In what areas does the applicant need to improve?

What are three words you would use to describe this applicant?

1. _____ 2. _____ 3. _____

Please describe any notable social, behavioral or emotional concerns. What steps have been taken to address them?

Has the child received or has been recommend to receive additional support in the following areas?

Speech Therapy	Physical Therapy	Sensory Therapy	Occupational Therapy
Conduct Therapy	Family Counseling	Individual Counseling	

Please elaborate if any of the boxes above are checked. How long has the student received services?

Please describe any notable physical, visual or auditory concerns:

How would you rate the level of the applicant's English Proficiency?

Beginner	Lower Intermediate	Intermediate	Upper Intermediate
Advanced	Near Native	Native Fluency	

Please complete this section if the applicant's first language is not English, otherwise please continue to the next page.

Student's Native Language: _____

Which of the following statements do you feel would be most appropriate for this applicant?

This student could be completely mainstreamed for all academic classes and need no additional English support

This student could cope with most mainstream academic classes but would need additional English support

This student is not yet ready for mainstream academic classes in English and should be in classes designed for students learning English

This student is a beginner and requires extensive English support in all areas

Is the applicant habitually tardy or absent?

No Yes Number of absences: _____

Is the family supportive of the policies of the school?

No Yes

Is there anything of note regarding the family of the applicant that our Admissions Office should know?

No Yes, explain:

Is there information that would be better conveyed in a phone conversation?

No Yes, number we may contact you to: _____

Do you recommend this student for admission at the Metropolitan School of Panama?

Without reservation With reservation Not at all

Additional Comments:

Will you be willing to discuss this applicant by telephone if we have further questions?

No Yes.

Full name of teacher completing this form(print): _____

Grades Taught: _____

Subjects Taught: _____

E-mail Address: _____ Phone number: _____

Signature of teacher: _____ Date: _____

School Seal