

CAIRO AMERICAN COLLEGE

1 Midan Digla P.O. Box 39 • Maadi, Cairo, Egypt 11431 • Tel:+20-2-27555555 • Fax: +20-2-25196584 • Email: registrar@cacegypt.org

Confidential Teacher Recommendation/Reference (Grades 1-5)

Applicant's Name : _____ Current Grade level : _____

Current School : _____ School Website : _____

Parent grants release of information (Parent Signature): _____

To the Teacher:

This applicant has applied for admission to Cairo American College. Thank you for taking the time and consideration to complete this form. Please return the completed form directly to the Admissions Office by email (registrar@cacegypt.org), by fax (+202-25196584) or return to parent in an enclosed envelope with a school seal.

Information from teachers is extremely valuable to the Admissions department in determining if Cairo American College is an appropriate setting for a student. Based on your professional opinion, please complete this form and return to us at your earliest convenience. Your response will remain confidential.

Name of teacher completing this form _____ E-mail address _____

Month your school year begins: _____ ends: _____

What words come to mind when describing the applicant?

Describe the applicant's strengths.

Describe the applicant's challenges.

Have there been any disciplinary, emotional, or other concerns that you know of regarding this student? Please elaborate.

Has this student been given a psycho-educational evaluation and is he or she receiving any special education services and/or tutoring support? Please elaborate.

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Please evaluate the applicant in relation to his/her fellow students by placing an X in the appropriate column:

Criteria	Descriptors	Below grade level expectations	At grade level expectations	Above grade level expectations	No opportunity to observe
Academic Qualities:					
Learning Potential					
Academic achievement					
Intellectual curiosity					
Study habits					
Organizational skills					
Ability to work independently					
Ability to communicate ideas					
Critical thinking skills					
Class participation					
Mathematics performance					
Reading performance					
Writing performance					
Overall Assessment					
Personal Qualities					
Attendance/ Punctuality					
Honesty					
Adaptability/flexibility					
Self – Confidence					
Attentive/Focused					
Consideration for others					
Personal behavior					
Ability to act independently					
Leadership					
Relationship with peers					
Relationship with adults					
Co-curricular involvement					
Overall Assessment					

Comment on any of the above: _____

Please comment on parent involvement and support. Do the parents work in partnership with the school?

Any additional information that you feel is relevant will be appreciated:

Teacher Signature: _____

Date: _____