

# 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 (PreK/KG)

Applicant's Name: \_\_\_\_\_  
Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_  
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](mailto: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 this student's major strengths and challenges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate on the continuum below the student's English – language ability.

Please check here if you are not qualified to judge [ ]

Has limited  
ability speaking  
and/or understanding  
English

Speaks in simple  
sentences; understands  
basic instructions

Demonstrates age appropriate  
ability in speaking and  
understanding English

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

	Below Average	Average	Good	Superior	No Opportunity to observe
<b>Academic Qualities</b>					
Learning Potential					
Academic Achievement					
Curiosity					
Follows Directions					
Ability to work independently					
Ability to communicate ideas					
Critical thinking skills					
Class participation					
Language development					
Reading performance					
Fine motor development					
<b>Overall assessment</b>					

	Below Average	Average	Good	Superior	No Opportunity to observe
<b>Personal Qualities</b>					
Flexibility/adaptability to new situations					
Accepts/responds to teacher direction					
Demonstrates self- control					
Self-confidence					
Concern for others					
Maturity					
Shares with others and waits turns					
Attentive/ focused					
Willingness to participate in a group					
Relationship with peers					
Relationship with adults					
<b>Overall assessment</b>					

Comment on any of the above: \_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_