



**Confidential Recommendation – Grades 6-12  
Counselor or Principal**

Colegio Internacional Puerto la Cruz  
Av. Country Club c.c. Ricaurte  
Barcelona – Estado Anzoátegui  
Venezuela

**US Mailing address:**  
CIPLC - MUN 6111  
2250 NW 114TH AV, Unit 1N  
MIAMI, FL 33172-3652

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**Instructions for Applicants**

**This form should be completed by the counselor or principal and returned by the current school directly to us, preferably by email.**

Applicant's name	School address:
Current grade	
Present school	
School telephone	
School fax	

**To the teacher:**

The student whose name appears above has applied for admissions to CIPLC, and we would appreciate your assistance in completing this form. CIPLC is a private, non-profit, independent, day school enrolling students from Kindergarten – Grade 12 (ages 4-18). Our curriculum is designed for the motivated student who is able to meet the demands of a challenging academic program and who would be successful in a stimulating and diverse environment. In completing this recommendation, please assess the applicant's suitability for success in our program and return the form directly to the Registrar Office at CIPLC.

Name of person completing recommendation

Position

E-mail address

How long have you known the applicant?

How often do you have contact with the applicant?  
Daily  Weekly  Occasionally

What is the applicant's home language?

**Is the applicant's general academic achievement**

- Above grade level/excellent
- On grade level/good
- Below grade level/poor

**Is the applicant in a streamed/tracked/accelerated program?**

Yes  No

**If so, in what subjects is the applicant:**

In an advanced section

In an average section

In a slower section

Has the applicant been identified with having learning disability or been recommended for a diagnostic evaluation or assessment?

Does the applicant participate in a special program, receive program modifications or accommodations (e.g. extended time), or receive academic or remedial support outside of school?

If the student's record is not a true indication of his/her ability, please explain factors that have interfered with his/her academic achievement

Have the applicant's parents been supportive of the school and cooperative in working with teachers, counselors and administrators? Please elaborate.

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Have there been any disciplinary, emotional or other concerns regarding this applicant? Please explain.

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Please evaluate the applicant's level of the following:

	No basis for judgment	Below average	Average	Good	Excellent (top 10%)	Outstanding (top 2-3%)
Academic ability						
Academic motivation						
Integrity						
Organizational ability						
Ability to work independently						
Ability to work in a group						
General behavior						
Response to constructive criticism						
Empathy and respect for other students						
Respect from other students						
Attentiveness/focus						
Leadership						
Self-confidence						
Maturity						

**Please comment on the applicant's attendance.**

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Signed \_\_\_\_\_

Date \_\_\_\_\_

If you would like to give us further information over the telephone, please check here

Your telephone number \_\_\_\_\_

Best time to call \_\_\_\_\_