



## Confidential Recommendation Early Childhood – Grade 2

Colegio Internacional Puerto la Cruz  
Av. Country Club c.c. Ricaurte  
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Venezuela

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### Instructions for Applicants

This form should be completed by the applicant's teacher and returned by the current school directly to us, preferably by email to: [admissions@ciplc.org](mailto:admissions@ciplc.org).

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 Pre-School – Grade 12 (ages 3-18). 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 Admissions 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?

**Please assess the applicant's level of English by checking an option below:**

Native language <input type="checkbox"/>	Fluent <input type="checkbox"/>
Conversational <input type="checkbox"/>	Intermediate <input type="checkbox"/>
Beginner <input type="checkbox"/>	No skills <input type="checkbox"/>
Unknown <input type="checkbox"/>	

**The applicant's general development is:**

Above age expectations ☐  
Age appropriate ☐  
Below age expectations ☐

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

Please evaluate the applicant's ability, development and educational needs:					
	Highly Developed	Age appropriate	Can/May Need special support	Identified challenge; Special support needed	No basis for Judgement
Level of independence					
Ability to stay on task					
Ability to get along with other students					
Ability to follow directions					
Language development (mother tongue)					
Language development (English)					
Speech development					
Literacy development					
Numeracy development					
Fine motor skills					
Gross motor skills					

**Pertaining to the chart above, please explain why you have indicated a possible need for special support. (If possible, please include in a separate copy any pertinent educational assessments, recommendations and/or IEPs that exist for this student).**

**Please describe any academic strengths the student exhibits.**

**Please comment on the applicant's attendance, and write the number of days absent this/last school year.**

Signed: _____	Date: _____
If you would like to give us further information over the telephone, please check here <input type="checkbox"/>	
Your telephone number: _____	Best time to call: _____