



Confidential Recommendation – Grades 3-12 Mathematics

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

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Instructions for Applicants

This form should be completed by the Math teacher and returned by the current school directly to us, *preferably by email to: 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?

Is the applicant's general academic achievement	Is the applicant in a mainstream, tracked, or accelerated program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Above grade level/excellent <input type="checkbox"/>	If so, in what subjects is the applicant:
On grade level/good <input type="checkbox"/>	In an accelerated section
Below grade level/poor <input type="checkbox"/>	_____
	In a remedial section

Does the applicant participate in a special program, receive program modifications (e.g. extended time), or receive academic or remedial support outside of school? Yes ☐ No ☐

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

Has the applicant been identified as having any learning disability or been recommended for a diagnostic evaluation or assessment? If so, has the student already been evaluated? Please elaborate.

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

Please evaluate the applicant's level of the following:						
	No basis for judgment	Below average	Average	Good	Excellent (top 10%)	Outstanding (top 2-3%)
Respect for teacher(s)						
Respect for other staff members						
Academic ability						
Academic motivation						
Integrity and responsibility						
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						

Overall student impact on classroom: Negative ☐ Neutral ☐ Good ☐ Outstanding ☐

Please comment on the applicant's attendance, and put the number of days missed last school year.

Signed: _____ Date: _____

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

Your telephone number: _____ Best time to call: _____