



THE INTERNATIONAL SCHOOL OF PORT OF SPAIN

DIFFERENCE MAKERS, FUTURE SHAPERS

1 International Drive, Westmoorings, Trinidad and Tobago, W.I.
Phone: (868) 633-4777, Fax: (868) 632-4595, Web: www.isps.edu.tt

SCHOOL RECOMMENDATION - PRE-K - GRADE 2

Name of Applicant: _____ Applying for Grade: _____

Present School: _____

Current grade/year in School: _____

School Address: _____

School Telephone: _____ School Fax: _____

To the teacher: *The above student has applied for admission to the International School of Port of Spain and we would greatly appreciate your assistance in completing this form. ISPS is an independent, coeducational day school offering a rigorous academic program in a supportive and nurturing environment. Your candid assessment of this student's strengths and weaknesses is an essential part of the selection process and is greatly appreciated. Please return directly to ISPS either by email (admissions@isps.edu.tt) or fax (868-632-4595) or sealed in the envelope provided to the school.*

HA Y fYgdcbgYgnci [Jj Yk J` fYa Ujb g fJ MmVtbZXYbhU"

Name of Person completing recommendation: _____

Position: _____ Years in Position: _____

How long have you known this applicant? _____

How often do you have contact with this applicant: Daily Weekly Occasionally

Please assess the applicant's level of English (if appropriate):

Spoken: _____

Written: _____

What are the first three words that come to mind to describe this student? : _____

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

Is the applicant's general development: ☐ Above age expectations ☐ Age appropriate ☐ Below age expectations

Does the applicant participate in a special program, receive program modification or receive support from outside the school? _____

Social Development	Usually	Sometimes	Seldom	Comments
Can be a friend				
Is supportive of peers				
Is comfortable with adults				
Plays alone happily				
Cooperates in play				
Is comfortable sharing				
Initiates play activities				
Is imaginative				
Has the capacity to lead				
Has the capacity to follow				

Physical and Verbal Development	Advanced for Age	Appropriate for Age	Needs Development
Small motor control/coordination			
Large motor control/coordination			
Speech development/articulation			
Oral self-expression			

Pre-academic skill development	Sometimes	Seldom	Comments
Is attentive			
Listens in a group			
Contributes to group discussions			
Follows directions			
Works cooperatively			
Completes tasks			
Shows ability to focus on task			
Responds positively to constructive criticism			
Is curious			
Is willing to try new activities			
Is a self starter			
Enjoys new challenges			
Exhibits problem-solving abilities			
Expresses ideas well			
Uses materials purposefully			
Pre-academic skill development Does the child reproduce sounds with difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No Has he/she mastered phonics? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child read yet? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please comment on the applicant's attendance: _____

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

YES ☐ NO ☐ Elaborate: _____

Date: _____ Signed: _____

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

Telephone number: _____ Time to call: _____ Your email: _____