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Toronto International Student Programs
Letter of Recommendation

This form must be completed, in English, by a Teacher, Counselor, or Principal

Student Name: _____ Date of Birth: _____
Day/Month/Year

Name of (Teacher Counselor Principal): _____

School Name: _____ Telephone Number: _____

School Address: _____

Please rank the student in comparison with his or her classmates by marking an "X" in the appropriate box:

Category	Excellent	Good	Average	Poor
Academic ability				
Academic Performance (Effort)				
Positive Attitude toward school				
Emotional Stability				
Maturity				
Adaptability to Changes				
Leadership Abilities				
Cooperation with Others				
Extra-Curricular Involvement				
Participation in class				
Attendance				
Social Abilities				

How many years have you known the student? Less than 1 year 1 year 2 years 3 years Over 4 years

At what capacity have you known this student? _____

_____

Does this student have a history of frequent absences from school? Yes No

Does this student have any health (e.g.; physical/emotional) concerns? _____

_____

What is the student's relationship with his/her fellow classmates? Leader Cooperative Uncooperative

Based on your knowledge of this student, how would you evaluate his/her potential for success as an international student?

_____

_____

Any addition comments to describe the student: _____

_____

Signature: _____ Date: _____ Email _____
Day/Month/Year

Toronto District School Board