

## SHSID Applicant Recommendation Form For Admission to Grade 1-5

Name of Applicant (as on passport):	
Applicant's Present School (full name):	Present Grade:

How are you related to the s	student? (Please check	k the relevant boxes below)
□Homeroom Teacher	□Grade Director	□Dean of Teaching Affairs
□Dean of Student Affairs	□Principal	□Other

The above mentioned student is applying for admission to Shanghai High School International Division (SHSID). We appreciate the time you spend completing this recommendation form, and request that the person most knowledgeable about the student respond to the questions below. The checklist helps us evaluate areas of general interest and student capabilities. Your honest evaluation of the applicant will be of great value to the Admission Committee.

## All information shared is considered confidential and disclosed only to the Admission Committee and other school personnel as deemed necessary by the Office of Admission.

	Outstanding	Above	Average	Below	Not
		Average		Average	Applicable
Disciplined Habits					
Communicates Oral					
Ideas Clearly					
Communicates Written					
Ideas Clearly					
Focuses and Maintains					
Attention					
Follows teacher's					
instructions					
Concern for Others					
Cooperates with Others					
during Group Activities					
Participates Well in					
Classroom Discussion					

Please tick the relevant options in the below table:

Please answer the following questions:

1. How long have you been familiar with this applicant? How do you know him/her (through what class, or what activity)?



Name of Applicant (as on passport):

2. Does he/she meet the requirement of your school to continue studying?

If yes, please explain in detail:

- Have there been any disciplinary actions involving bullying, fighting, breaking school rules or stealing? □Yes □No If yes, please explain in detail: \_\_\_\_\_\_
- Have any psychological problems involving anxiety, hyperactivity or autism been displayed by the applicant?
  □Yes □No If yes, please explain in detail: \_\_\_\_\_\_
- Have any academic integrity problems involving cheating, plagiarism, forging a signature?
  □Yes □No

6. Does he/she get along well with other students?

- 7. Does he/she get along well with teachers?
- 8. Are the student's parents willing to cooperate with the school faculty? □Yes □No If no, please explain in detail: \_\_\_\_\_
- 9. Is he/she absent frequently?

10. Is there any special program, like special talent, spelling or speech-language disorders?

- 11. Aside from the above mentioned, is there anything else you would like to highlight about the student?
- 12. Are you willing to receive a phone call to discuss details about the student?

 $\Box$ Yes  $\Box$ No

Name of Referee:	School Name (full name):
Position of Referee:	Phone Number:
Email Address:	

Signature of Referee: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Note: Please print and handwrite this form. And send it to the SHSID Admissions Office by Email (Puxi Campus: <u>admission@shsid.org</u> Pudong Campus: admission\_pd@shsid.org).

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