

INTERNATIONAL  
SCHOOL  OF  
L A U S A N N E

Accredited by the Council of International Schools and the New England Association of Schools and Colleges

## RECOMMENDATION FORM

**Applicants Years 1 to 6:** One form should be completed by the main classroom teacher and one by the Principal.

**Applicants Years 7 to 13:** One form should be completed by the English teacher, one by the Mathematics teacher, and one by the Principal.

**Applicants ESL/EAL programme:** One form should be completed by the ESL/EAL teacher.

The teacher completing this form should return it directly to:

International School of Lausanne  
Admissions Office  
Chemin de la Grangette 2  
1052 Le Mont-sur-Lausanne  
Switzerland  
or by fax to +41215600203

### APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ CURRENT YEAR/GRADE: \_\_\_\_\_  
CURRENT SCHOOL'S NAME: \_\_\_\_\_  
SCHOOL'S PHONE: \_\_\_\_\_ SCHOOL'S FAX: \_\_\_\_\_  
SCHOOL'S ADDRESS: \_\_\_\_\_

### TO THE TEACHER/PRINCIPAL

The student whose name appears above has applied for admission to The International School of Lausanne (ISL), and we would appreciate your assistance in completing this form. ISL is a not-for-profit, English language day school that emphasises academic excellence and rigor in a supportive school and family environment. It prepares students for a global education and entrance to the best universities in the world. At present over 600 students are enrolled at ISL. In completing this Recommendation Form, please assess the applicant's suitability for success in our programme.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

HOW OFTEN DO YOU HAVE CONTACT WITH THE APPLICANT?  DAILY  WEEKLY  OCCASIONALLY

WHAT IS THE APPLICANT'S MOTHER TONGUE? \_\_\_\_\_

PLEASE DESCRIBE YOUR CLASSROOM ENVIRONMENT (E.G. CLASS SIZE, STRUCTURE, LEARNING ENVIRONMENT):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW IS THE APPLICANT'S GENERAL ACADEMIC ACHIEVEMENT?  ABOVE GRADE LEVEL  ON GRADE LEVEL  BELOW GRADE LEVEL

IS THE APPLICANT IN A STREAMED/TRACKED/ACCELERATED PROGRAMME?  YES  NO

IF YES, IN WHAT SUBJECT(S) IS THE APPLICANT:

IN AN ADVANCED SECTION? \_\_\_\_\_

RECEIVING LEARNING SUPPORT? \_\_\_\_\_

PLEASE ASSESS THE APPLICANT'S STANDARD OF ENGLISH AS DEMONSTRATED IN YOUR CLASS:

ABILITY TO EXPRESS HIM/HERSELF: \_\_\_\_\_

WRITTEN EXPRESSION: \_\_\_\_\_

DESCRIBE ANY PARTICULAR ACADEMIC STRENGTHS AND/OR WEAKNESSES:

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PLEASE INCLUDE ADDITIONAL INFORMATION ABOUT THE APPLICANT'S CHARACTER, VALUES, PERFORMANCE AND POTENTIAL AS A STUDENT. IF YOU KNOW OF A PARTICULAR EXTRA-CURRICULAR ACTIVITY OR TALENT, PLEASE DESCRIBE:

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IS THE APPLICANT INVOLVED IN ANY SERVICE ACTIVITIES IN OR OUT OF SCHOOL?  Yes  No

IF YES, PLEASE DESCRIBE:

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DOES THE APPLICANT HAVE ANY DISCIPLINARY, EMOTIONAL OR OTHER CONCERNS?  Yes  No

IF YES, PLEASE EXPLAIN:

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HAS THE APPLICANT BEEN IDENTIFIED AS HAVING A LEARNING DIFFICULTY OR BEEN RECOMMENDED FOR A DIAGNOSTIC EVALUATION OR ASSESSMENT?  Yes  No

IF YES, PLEASE EXPLAIN:

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DOES THE APPLICANT PARTICIPATE IN A SPECIAL PROGRAMME, RECEIVE PROGRAMME MODIFICATION OR ACCOMMODATIONS (E.G. EXTENDED TIME), OR RECEIVE ACADEMIC OR REMEDIAL SUPPORT OUTSIDE OF SCHOOL?  Yes  No

IF YES, PLEASE GIVE DETAILS:

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PLEASE EVALUATE THE APPLICANT'S LEVEL OF THE FOLLOWING:

	NO BASIS FOR JUDGEMENT	DEVELOPING/NEEDS IMPROVEMENTS	MEETS EXPECTATIONS	EXCEED EXPECTATIONS (TOP 10%)
ACADEMIC PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANISATIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENTIVENESS/FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPATHY AND RESPECT FOR OTHER STUDENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE REACTION TO ADVICE/CRITICISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONS WITH STAFF AND FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



IF THE APPLICANT'S RECORD IS NOT A TRUE INDICATION OF HIS/HER ABILITY, PLEASE EXPLAIN FACTORS THAT HAVE INTERFERED WITH HIS/HER ACADEMIC ACHIEVEMENTS:

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HAVE THE APPLICANT'S PARENTS BEEN CONSISTENTLY SUPPORTIVE OF THE SCHOOL AND COOPERATIVE IN WORKING WITH TEACHERS, COUNSELLORS AND ADMINISTRATORS?  Yes  No

PLEASE EXPLAIN YOUR RESPONSE:

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I RECOMMEND THIS APPLICANT FOR ISL:

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
CHARACTER AND SOCIAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE:				DATE:	

### FOR THE ESL/EAL TEACHER OF APPLICANTS

HOW WOULD YOU DESCRIBE THE LEVEL OF THE CANDIDATE'S ENGLISH PROFICIENCY?

- BEGINNER                       INTERMEDIATE                       ADVANCED                       NATIVE FLUENCY  
 LOWER INTERMEDIATE                       UPPER INTERMEDIATE                       NEAR NATIVE

WHICH OF THE FOLLOWING STATEMENTS DO YOU FEEL WOULD BE MOST APPROPRIATE FOR THE APPLICANT:

- THE APPLICANT COULD BE TOTALLY MAINSTREAMED FOR ALL ACADEMIC CLASSES AND WOULD NEED NO ADDITIONAL ESL/EAL SUPPORT.  
 THE APPLICANT COULD COPE WITH MOST MAINSTREAM ACADEMIC CLASSES, BUT WOULD NEED SOME ESL/EAL SUPPORT.  
 THE APPLICANT IS NOT YET READY FOR MAINSTREAM ACADEMIC CLASSES AND SHOULD BE IN CLASSES SPECIALLY DESIGNED FOR ESL/EAL STUDENTS.  
 NONE OF THE ABOVE. THE APPLICANT IS A BEGINNER AND IS NOT YET ABLE TO STUDY ACADEMIC SUBJECT IN ENGLISH.

HAS THE APPLICANT COMPLETED ESL/EAL TESTS OR EXAMINATIONS?  Yes  No

IF YES, PLEASE GIVE DETAILS:

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SIGNATURE:

DATE:

