



Cap Cana Heritage School  
 Ciudad Las Canas, Cap Cana, Punta Cana, Dom. Rep.  
 Phone: 809.695.5519 / 809.469.7200  
 Web: [www.cchs.edu.do](http://www.cchs.edu.do)

## Student Recommendation Form nd (Kindergarten to 2 grade)

The student mentioned below is an applicant for admission to CCHS. The information you are providing is considered an important part of the application process. This recommendation should be completed by the principal, guidance counselor and/or teacher of a core subject, and should comment on the kinds of behavior and academic abilities the student possesses. Your time and thoughtfulness are greatly appreciated. Please fill out this confidential form and return it in a sealed envelope or send the admission department to email [p.mota@cchs.edu.do](mailto:p.mota@cchs.edu.do).

Student Name: \_\_\_\_\_ Current grade: \_\_\_\_\_

Compared to other students you have taught or worked with of similar age or grade, how would you rate this applicant:

Parameter	Below Average	Average	Above Average	Outstanding	No basis for judgment
Academic potential					
Academic achievement					
Motivation/Effort					
Organization					
Ability to work in groups					
Ability to work independently					
Ability to express ideas orally in English					
Attendance at school					
Follows directions					
Maturity in terms of age/grade					
Social interactions					
Leadership skills					
Integrity					
Attention Span					
Complies with school rules and regulations					
<b>Overall Recommendation</b>					

Attendance and absence record during the current school year: \_\_\_\_ (Attendance); \_\_\_\_ (Non-attendance).

Please complete the following questions

1. How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. In what ways has the applicant been memorable in your school community?
3. What characteristics or attributes best describe the student?
4. Describe the students' strengths and weaknesses.  
 Strengths:  
  
 Weaknesses:
5. In what area does the student need the most improvement?
6. Does the applicant participate in a special program (e.g., gifted or remedial), receive program modifications (e.g., IEPs), and/or receive supplemental support either in or outside of school (e.g., academic tutoring or therapy)?
7. Comment on the student's parents involvement in school.
8. Parent attitude toward school cooperative, indifferent, overly protective, antagonistic?
9. Do you have any additional info you want to share?

Evaluator's Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Position: \_\_\_\_\_  
School: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Affix School Seal/Stamp