



Principal's / Counselor's Recommendation Form – Middle/High School

..... holder of Qatar ID # is applying for Grade at Elite International School for the academic year 2024-25.

Our Admission Office places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. Kindly fill this form and return it to parents in a sealed envelope as it will be treated confidentially.

Name of the School:

Type of Curriculum:

Student's Characteristic	Truly Outstanding	Excellent	Good	Average	Below Average
Academic Ability					
Eagerness to Learn					
Conduct & Self-Discipline					
Honesty/Integrity					
Interpersonal Skills					
Positive Attitude					
Regulation of Impulses and Emotions					
Responsibility					
Leadership Skills					
Self-Confidence					
Study Skills/Habits					
Perseverance towards Goals					
Engagement in School Activities					

- Does the student have any special behavioral, emotional or learning needs that require support or may have an impact on his/her success in school? Please be specific.

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2. What are the student's areas of strengths and weaknesses?

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3. Indicate the student's overall academic placement: Exceeds Meets Below

4. Would the student be permitted to re-enroll in your school? If no, please explain.

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Principal / Counselor's Name:

Signature.....

Date:

Email:

School Stamp

The child's application cannot be processed until this form is submitted to the Admission Office.
This form will be treated confidentially; please return it to the parents in a sealed envelope.

Elite International School
P.O. Box: 23172 Doha, Qatar
Phone: 44981133/55 Fax: 44981144
Website: www.eliteintschool.com
Email: info@eliteintschool.com



Teacher’s Recommendation Form – Middle/High School

..... holder of Qatar ID # is applying for Grade at Elite International School for the academic year 2024-25.

Our Admission Office places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. Kindly fill this form and return it to parents in a sealed envelope as it will be treated confidentially.

Name of the School:

Type of Curriculum:

1. How well do you know the student academically?

2. How accurately does the student read and understand what he or she has read?

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3. How well does the student accept advice or criticism?

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4. What are the first three words that come to mind to describe this student?

a. b. c.

Academic Skills

Ratings	Truly Outstanding	Excellent	Good	Average	Below Average
Follows instructions					
Works independently with focus					
Works cooperatively with peers					
Exhibits intellectual curiosity					
Effectively communicates ideas in writing					
Effectively communicates ideas orally					
Uses time productively					
Demonstrates willingness to take intellectual risks					

If the student is relatively weak or strong on any areas listed above, please elaborate.

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Mathematical Ability

Ratings	Truly Outstanding	Excellent	Good	Average	Below Average
Computational Skills					
Problem-Solving Skills					
Mathematical Reasoning					
Mathematical Applications					

Comments on any of the above skills:

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Is the student habitually tardy or absent? Yes No
If yes, please explain.

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Please describe any special teaching or testing accommodations/modifications that have been provided to the student in the classroom.

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Is there anything regarding the student that would be helpful for the Admission Committee to know?

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The student is:

Highly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended", please explain.

.....
.....

Name:

Signature:

Date:

School Stamp

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