



LETTER OF RECOMMENDATION

English Teacher

This form is part of the applicant's submission to the Central Okanagan International Education Program in British Columbia, Canada. Thank you for completing this form.

STUDENT Name: _____ **Age:** _____ **Grade:** _____

School Name: _____ School phone: _____

School Address: _____

Name: _____ Email: _____

Subjects taught: _____ Time known student: _____ years _____ months

NOTE: Basic skills in the English language are recommended to allow for successful communication of basic needs upon arrival and for an easier transition as a study-abroad student in Canada.

Level 1 - Can understand and respond to simple statements and questions in common situations.

Level 2 - Can participate in a conversation on daily topics.

Level 3 - Can participate in conversations about common topics and some academic topics.

Level 4 - Can participate in conversations with some opinions and details on many academic topics.

Level 5 - Can speak fluently and accurately on many academic topics.

Based on the above descriptions, this student has a *spoken* English level of:

Please rate this student in the English language:

	Excellent	Great	Good	Fair	Poor
English listening comprehension	<input type="checkbox"/>				
English speaking skills	<input type="checkbox"/>				
English writing skills	<input type="checkbox"/>				
English range of vocabulary	<input type="checkbox"/>				
Overall English language ability	<input type="checkbox"/>				

Please rate this student compared to their peers:

	Excellent (in the top 10%)	Great (top 25%)	Good (top 35%)	Average	Below Average
Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks/assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience to complete difficult tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please list the top five (5) words you would use to describe the student.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Some example words may be:

- | | | | | | |
|--------------------|---------------------|---------------------|--------------------|-----------------------|----------------------|
| <i>Adventurous</i> | <i>Cooperative</i> | <i>Genuine</i> | <i>Kind</i> | <i>Reactive</i> | <i>Skillful</i> |
| <i>Active</i> | <i>Creative</i> | <i>Good-natured</i> | <i>Logical</i> | <i>Realistic</i> | <i>Shy</i> |
| <i>Adaptable</i> | <i>Dedicated</i> | <i>Hardworking</i> | <i>Mature</i> | <i>Reflective</i> | <i>Social</i> |
| <i>Athletic</i> | <i>Determined</i> | <i>Healthy</i> | <i>Messy</i> | <i>Relaxed</i> | <i>Stubborn</i> |
| <i>Caring</i> | <i>Distractible</i> | <i>Helpful</i> | <i>Organized</i> | <i>Reliable</i> | <i>Studious</i> |
| <i>Cautious</i> | <i>Emotional</i> | <i>Honest</i> | <i>Opinionated</i> | <i>Reserved</i> | <i>Talkative</i> |
| <i>Cheerful</i> | <i>Empathetic</i> | <i>Humble</i> | <i>Patient</i> | <i>Respectful</i> | <i>Tolerant</i> |
| <i>Clumsy</i> | <i>Energetic</i> | <i>Humorous</i> | <i>Practical</i> | <i>Responsible</i> | <i>Understanding</i> |
| <i>Compulsive</i> | <i>Flexible</i> | <i>Independent</i> | <i>Principled</i> | <i>Responsive</i> | <i>Warm</i> |
| <i>Confident</i> | <i>Focused</i> | <i>Intelligent</i> | <i>Punctual</i> | <i>Self-conscious</i> | <i>Well-rounded</i> |
| <i>Considerate</i> | <i>Friendly</i> | <i>Intense</i> | <i>Questioning</i> | <i>Sensitive</i> | |

Please rate this student's ability in the following areas.

	Excellent	Good	Fair	Poor	Unknown
Adaptability (ability to cope in new situations)	<input type="checkbox"/>				
Common sense (good judgement in various situations)	<input type="checkbox"/>				
Cooperative (willingness to work with others)	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Flexibility (ability to cope with changes)	<input type="checkbox"/>				
Honest and trustworthy	<input type="checkbox"/>				
Independence and self-reliance	<input type="checkbox"/>				
Interest and motivation to try new experiences	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Open-mindedness (considerate of others and their viewpoints)	<input type="checkbox"/>				
Respectful and polite (towards others)	<input type="checkbox"/>				
Responsible for own actions	<input type="checkbox"/>				
Sociability	<input type="checkbox"/>				

To your knowledge, does the student have any issues/concerns in the following areas:

	Yes	No	Unsure
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior (i.e., discipline problems, maladjustments, suspension/expulsion from school, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning needs (i.e., dyslexia, dyscalculia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodivergence (i.e., ADD, ADHD, autism, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical or physical concerns (i.e., allergies, diabetes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological (i.e., addiction, anxiety, depression, eating disorder, suicidal ideation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any of the above, please explain: _____

I confirm, that to the best of my knowledge, the statements made in this form are true:		
Print Name	_____	
Signature	Date	School Stamp
_____	_____	_____