

International Baccalaureate Middle Years Programme

ADULT RECOMMENDATION

An adult, other than a parent or guardian, who knows the student well, should complete this form.

Student's Name: _____
Last First Middle Initial

Current Grade _____

Recommender's Name: _____

What is your relationship to this student?

Your recommendation is an important part of the application process. Please be honest in your evaluation. If you do not feel comfortable recommending this student, please return the form to the student of the school counselor immediately. Please return your completed recommendation to the school counselor by **December 8, 2017**.

Put a checkmark in the box that represents the frequency of the student's behavior for each prompt.

	Rarely	Occasionally	Frequently
Retains and understands information quickly			
Understands and uses information correctly			
Has unique and/or innovative ideas			
Has a sustained focus on topics of interest			
Recognizes patterns and finds solutions			
Visualizes information and learns by doing			
Is able to persist in the face of difficulties to accomplish self-set goals			
Recognizes and responds to the needs of others			
Motivates, inspires, and/or influences others			

Signature: _____ Date: _____

Adapted from Teachers Observation of Potential in Students (TOPS; Coleman, Shah-Coltrane, and Harrison, 2003)

For admission in Fall 2018