

For completion by a Teacher from your High School. (Confidential Recommendation for student)

To be filled by the student and given to the teacher.

Name:						
Las	t N	Middle	First			
Si	gnature		Date			
Note to the Te	acher:					
Program by the a selection	n at Chelsea Internation applicant to submit in of the evaluation hed with the form.	ational Acaden your comment n form. Addition	e has applied for admission to the A Level my, New Baneshwor. You have been selected ts regarding the applicant. Please complete all onal information regarding the applicant can the completed evaluation, sealed and stamped			
If you have que	estions, please cont	act us at:				
Phone: 4472902, 4499662, 4483212			E-mail: chelsea@websurfer.com.np			
Teacher's Name:			Position:			
School's Name:			Phone:			
Address:						
Signature			Date			

1. How long and in what	capacity have you	known the	e applica	ant?	
2. What do you believe to	he greatest strengtl	hs of the ap	oplicant	?	
3. What are the weakness	sses or developmen	t needs of t	he appl	icant?	
4. Has the student ever h	nad any disciplinar	v problems	29 Hac h	a aver hee	n susnandad
or expelled? If so, please		y problems	5. 11as n	e ever bee	n suspended
5. Please evaluate the ap pursued high school edu	cation.	son to othe	•		
	Below Average	Average	Good	Excellent	Outstanding
pility to work with others					
laptability					
ommunication Abilities					
oncern for others					
eativity					
ergy					
tiative					
aturity and balance	1		1	•	
otivation					

6. Please discuss your evaluation as described in sec. 5, and provide any additional information you believe would be helpful.

Openness of personality

Self-confidence Self-discipline Reliability