

CONFIDENTIAL SCHOOL RECOMMENDATION FORM



To be filled out by a Teacher, Administrator, or Guidance Counselor and mailed directly from the school. Please complete a separate form for each student.

SECTION 1 To be filled out by the parent or guardian.
Please provide one form for each student.

Student's Name _____

Date of Birth _____

Completed grade & School System* _____

* For Completed Grade & School System, write the Level and system corresponding to this Level (i.e. Year 6, British System or Grade 5, US System). If the student will not be completing the full school year, please write the last term he/she will have completed when leaving your school.

Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript as well as the results of academic testing. I acknowledge that I waive my possibility to read this recommendation.

Name(s) of student's Parent/Guardian (please print)

Signature(s) of student's Parent/Guardian

_____ Date _____

_____ Date _____

To the Parent(s): Give this whole form (with your completed section above) to the student's Teacher(s) with a stamped envelope addressed to:

American School of Grenoble, Cité Scolaire Internationale, 4, place de Sfax, 38000 Grenoble - France



American School of Grenoble . Cité Scolaire Internationale . 4 place de Sfax . 38000 Grenoble . France
Tel. +33 (0)4.38.12.25.47 . www.americanschoolgrenoble.com . mailto: amschool.grenoble@gmail.com



To the Teacher/Administrator/Counselor:

This recommendation will remain confidential and will not become part of the student’s permanent academic record, please be sure the parent has signed the above. We sincerely appreciate your cooperation and candor.

Student name: _____

When did you teach or work with the student? from _____ to _____

LEARNING SKILLS- describe this student’s:

Willingness to try new activities:
Ability to focus on, and complete a task
Ability to work in groups
Ability to work independently
Student’s reading level in English

PERSONAL SKILLS - describe this student’s:

Attitude towards him/herself
Ability to resolve conflicts
Ability to develop friendships
Ability to use criticism for growth



Student name: _____

GENERAL OBSERVATIONS:

Describe this student's most important accomplishment in your classroom/at school.

Describe the areas (academic or personal) most needing support or adult intervention.

Describe this student's social relationships in your school community.

Has the student been involved in any serious disciplinary issues (e.g. drug/alcohol abuse, theft, violence, bullying etc.) while at your school? If yes, please explain: Yes____ No____

Describe the family's contributions to the school community.

Signature:

Print Name:

Position:

Date:

Phone number:

School Name and Address:

Is there additional information that can be better conveyed in a phone conversation? YES / NO

Are you providing supplementary notes with this form? YES / NO



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Page for supplementary notes if required:

Student name: _____



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