

Name of Applicant: _____ Grade applying for: _____

Name of School presently attending: _____

To the Principal or Teacher: The above student from your school has applied to TMS. We are in the process of determining the appropriateness of our school program for the above named applicant and would appreciate your feedback. Recommendations are confidential and do not become part of the student's permanent file. In addition, recommendations are not shared with either the student or the student's parents.

In relation to other students in the applicant's age group, please check your opinion with regard to:

	Above Average	Average	Below Average
Character Profile			
Study Habits			
Time Management			
Conduct/Discipline			
Interaction and Cooperation with peers			
Reaction to Criticism			
Leadership			
Academic Independence			
Maturity/Dependability			

Please check box(es) in each category that best reflects the student:

Writing Ability

- Shows original thought
- Good technique
- Adequate/ readable
- Technically weak

Work Habits

- Well organized
- Usually prepared
- needs prompting
- Disorganized and careless

Achievement in Studies

- High quality work at all times
- Limited to special interest
- Inconsistent
- less than potential

Academic Motivation

- Self-starting, motivated
- Good effort
- Under-achieves
- Unmotivated

Problem Solving Ability

- Approaches problems logically and follows through
- Perceptive in approach, but technically weak
- Has difficulty approaching a problem
- Becomes anxious and uncomfortable

Social

- Shows Leadership qualities
- Integrates well with others
- Shy and prefers own company
- Has difficulty integrating with peers

Are there any observed problematic behaviours, discipline problems, or anti-social behavior in interactions with peers or teachers? Yes No If yes, please elaborate.

Has this student been identified with any special need(s), for example learning disability, health, social adjustment etc. ? Yes No If yes, please elaborate.

Do the parents contribute positively to the student's educational development? Yes No If no, please elaborate.

Please add any comments (descriptive words or phrases) to describe this student

What personal and academic success would you predict for this candidate at a school like TMS?

Outstanding Excellent Very Good Good Limited



Name of Teacher

How long have you known this student?

Signature

Date

Signature of Head/Principal

Date

School Address and Phone Number

Thank you for taking the time to complete this form.

**Please return this confidential form directly to the
TMS Enrolment Office: sfazzari@tmsschool.ca**