



International School Bangkok

PRINCIPAL/COUNSELOR RECOMMENDATION FORM (Middle & High Schools only)

PRINCIPAL/COUNSELOR: The student identified below is applying for admission to International School Bangkok (ISB.) Your thoughtful feedback is important, especially in assisting the student's transition to our community, if admitted. Thank you in advance for taking the time to complete this **confidential** recommendation.

The information contained in this recommendation is confidential and will not be available to the applicant, parents, or anyone outside of the ISB Admission Committee.

Please return this form in digital format directly to ISB Admissions: admissions@isb.ac.th

Full Name of Student: _____

Current School: _____

Current Grade: _____ Date (Day/Month/Year): _____

What are some strengths of this student?

Have there been any social and/or emotional concerns? If yes, please explain.

Have there been any academic dishonesty incidents we should be aware of?

Please describe the student's relationship with peers.



International School Bangkok

Please describe the student's relationship with adults.

Please describe the parent's relationship with the school.

Do any of the following apply to this student? If yes, please provide additional information.
Has the student received additional support at your school? If so, would you recommend services continue?

	Received	Hours Per Week	Need to continue?
English as a Second Language	Yes / No		
Special Education/ Learning Support	Yes / No		
Remedial/ Tutorial Support	Yes / No		
Speech Therapy	Yes / No		
Behavioral Support	Yes / No		

Does this student have any assessments, evaluations, an IEP or Learning Support Plan? If yes, please explain and include most recent date.

Has the student missed more than 10 days of school?	Yes / No
Has the student had an excessive number of tardies	Yes / No
Has been dismissed, suspended, placed on probation or received any other serious disciplinary consequences?	Yes / No
Has withdrawn from the school voluntarily for an extended period of time?	Yes / No

Is there any information that can be better conveyed in a phone conversation? **Yes / No**

If we require further information, may we contact you? **Yes / No**



International School Bangkok

I recommend this student to ISB:

	Enthusiastically	With Confidence	With reservation
Character			
Academic Ability			

In the future, if this student were to reapply to your school, would you consider he/she eligible to re-enroll?
Yes / No

Name: _____ Dr. Mr. Mrs. Ms.

Position: _____ Email: _____

School

Name: _____

School Website: _____ Telephone: _____

I have known this student for _____ years _____ months

Signature: _____ Date (Day/Month/Year): _____

Thank you for your time in completing this recommendation. Please return this form to:
admissions@isb.ac.th