



851 Panet Road Winnipeg, MB R2K 4C9  
 info@thekingsschool.ca  
 p: 204.989.6581 f: 204.989.6584  
 www.thekingsschool.ca

# TEACHER RECOMMENDATION FORM

ONLY REQUIRED FOR STUDENTS APPLYING FOR GRADES 5-12

Applicant's Name: \_\_\_\_\_ Applicant's School: \_\_\_\_\_

This report will be held in the strictest confidence.

Academic Qualities	Excellent	Very Good	Good	Poor
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities	Excellent	Very Good	Good	Poor
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adjustment with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student History	
Has applicant received:	<input type="checkbox"/> Resource assistance <input type="checkbox"/> IEP/AEP/ALP/SSP <input type="checkbox"/> IBP/BIP <input type="checkbox"/> Gifted/Enrichment <input type="checkbox"/> Level 2 or 3 funded <input type="checkbox"/> None
Has applicant ever?	<input type="checkbox"/> Repeated any grade/course <input type="checkbox"/> Been suspended <input type="checkbox"/> Been dismissed/expelled from your school <input type="checkbox"/> None

Please circle the words that best describe the student:					
Aggressive	Anxious	Articulate	Assertive	Negative leader	Self-disciplined
Cheerful	Confident	Conscientious	Disobedient	Over-protected	Self-centered
Easily discouraged	Follower	Helpful	Honest	Passive-resistant	Responsible
Influential	Irritable	Manipulative	Motivated leader	Perfectionist	Positive leader
Shy	Social	Outgoing	Well-liked	Other:	

Please see reverse side for more...

**Additional comments are encouraged and welcome:**

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**Overall Recommendation**

**Personally**

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

**Academically**

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

**Evaluator Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note to the student and parent(s)/guardian(s):** By completing and submitting this form, you understand and agree that the information on this form is confidential and intended to be read only by the Admission Committee at The King’s School. Comments on this sheet will not be disclosed to you or anyone at your request during or after the admission process. Please fill in your name and school on page 1 and forward this recommendation form to a current teacher who will complete it and mail directly to The King’s School.

**Note to teacher(s):** The student named on this form is an applicant to The King’s School. So that our Administration can have a broader and more personal basis for consideration of admission, this form is a required document for admissions. We would appreciate your completion of this recommendation in so far as you are able. Thank you for your time and consideration. Your remarks will remain confidential and will not become part of any permanent record.

**Please mail directly to:** Registrar  
The King’s School  
851 Panet Road  
Winnipeg, Manitoba R2K 4C9

For additional information about The King’s School please visit our website at [www.thekingschool.ca](http://www.thekingschool.ca) or contact our Registrar at (204) 989-6581 ext. 561.