



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# OTTAWA INTERNATIONAL STUDENT PROGRAM LETTER OF RECOMMENDATION



This form is to be completed, in English, by a Teacher, Counselor, or Principal

Thank you for taking time to complete this form for the below-named student who wishes to spend a semester or year, living with a family abroad and attending high school. Your evaluation will be held in strict confidence.

Student Name: \_\_\_\_\_

Name of Teacher or Counselor: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

**Please rank the student in comparison with his or her classmates by marking an "X" in the appropriate box:**

Category	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic ability				
Academic Performance				
Positive Attitude toward school				
Neatness				
Stability				
Maturity				
Adaptability				
Leadership capabilities				
Cooperative				
Friendliness				
Potential as an International Student				

How long and in what capacity have you known this student?

\_\_\_\_\_  
\_\_\_\_\_

Does this student have a history of frequent absence from school?      Yes      No

What is the student's attitude toward school and schoolwork?      Good      Average      Poor

What is the student's relationship with his/her fellow classmates?      Leader      Cooperative      Uncooperative

Based on your knowledge of this student, how would you evaluate his/her potential success as an international student?

Very good      Good      Average      Poor

Please add any comments you think may be appropriate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_