

**TEACHER’S RECOMMENDATION**

**TO THE APPLICANT:** Kindly request a teacher who has taught you to complete this recommendation form. The recommending teacher needs to have taught you for two consecutive years if you are a current Class 11 O Level student and at least one year if you are a current AS Level student.

Applicant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year of study: Class 11 AS Level

Current school or college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study duration *(dd/mm/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**TO THE TEACHER:** The above named student is being considered for admission at Sceptre College for Advanced Studies. Please provide candid responses to the questions below. Your responses will be used by the admissions committee for holistic consideration of the concerned student’s application. If you wish to provide any additional information, feel free to attach it to this form. Confidentiality will be maintained at all times. **Please stamp and seal this document, duly filled and signed, along with any additional information in an envelope addressed to Sceptre College before handing it to the applicant.** If you have any queries, feel free to contact our Admissions Office ([admissions@sceptrecollege.pk](mailto:admissions@sceptrecollege.pk)).

Thank you in advance for your time.

**BACKGROUND INFORMATION**

1. How long have you known this student for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what capacity have you known this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. How familiar are you with this student?

Very familiar Familiar Not too familiar Unfamiliar

1. List the courses you have taught this student from Class 9 onwards along with their corresponding classes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Course Title** | **Class** | **Sr.#** | **Course Title** | **Class** |
| 1. |  |  | 3. |  |  |
| 2. |  |  | 4. |  |  |

1. State the strengths of the student under consideration.

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

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1. State any weaknesses or problems which hinder this student’s performance.

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**EVALUATION**

In the table below, please rate this student in comparison to his/her class such that 1-2 = poor, 2- 3=average, 3-4 = good and 5 = excellent. For ratings of 2 or lower, please comment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Potential** | | | | |
| ***Indicator*** | | ***Rating*** | | ***Comments*** |
| Academic achievement | |  | |  |
| Attendance | |  | |  |
| Class participation | |  | |  |
| Written expression | |  | |  |
| Conduct | |  | |  |
| Intellectual potential | |  | |  |
| Motivation to learn | |  | |  |
| Work habits | |  | |  |
| **Personal Attributes** | | | | |
| ***Indicator*** | ***Rating*** | | ***Comments*** | |
| Responsibility |  | |  | |
| Punctuality |  | |  | |
| Taking initiative |  | |  | |
| Self-confidence |  | |  | |
| Social skills |  | |  | |
| Respect for others |  | |  | |
| Emotional maturity |  | |  | |
| Leadership potential |  | |  | |

**Recommendation:** *(please tick one)*

Strongly recommended Recommended Recommended with reservation

Not recommended

**Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TEACHER’S INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_