

## PRINCIPAL/COUNSELOR RECOMMENDATION FORM

*Applicants to Grades 3 - 12*

QSI TBILISI Admissions Office would appreciate your confidential opinion of the candidate.  
Parents have signed permission for QSIT to request this information.

Please **complete** form and **return** via email (tbilisi@qsi.org) **to the QSI International School of Tbilisi.**

Name of student: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

Name of evaluator: \_\_\_\_\_

Name of present school: \_\_\_\_\_

City/Country of School: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_

How often do you have contact with this student? ☐ Daily ☐ Weekly ☐ Occasionally

### CONFIDENTIAL PERSONAL RATING FORM – School Counselor

➤ Does this student have any Safeguarding issues? Yes No If yes, please explain

➤ Has this student received any of the help listed below at your school, and do you feel that these services need to be continued: Please **select** / **complete** as appropriate

Service	Received		Period/Hours/week	Needs to be continued	
• English as a Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Special Education Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Remedial Help/Tutoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Speech Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

➤ Please provide a written narrative that would help **QSI** Tbilisi become better acquainted with this student and their academic performance.



➤ Indicate the applicant's overall current academic placement within your school: Please **tick** most appropriate

Top half of class <input type="checkbox"/>	Average range <input type="checkbox"/>	Below average <input type="checkbox"/>
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➤ Does student have special **psychological / emotional / behavioral** needs that need to be addressed in our school? Has there been any **disciplinary action** as a consequence? ☐ Yes ☐ No

If yes, please explain

➤ Are there any special testing results or evaluations of which you are aware? ☐ Yes ☐ No

If yes, please explain

➤ Do you have any reason to suggest that this student should be evaluated and/or referred for special educational or psychological services? ☐ Yes ☐ No

If yes, please explain

➤ Are there any special strategies or interventions that have been used with this student that you would recommend we continue? ☐ Yes ☐ No

If yes, please explain

➤ Is this child receiving any special medication related to assisting him/her in the school setting? ☐ Yes ☐ No

If yes, please explain

Additional comments about this child's academic strengths, weaknesses, learning style, social skills and/or personal qualities would be greatly appreciated.

\*\*\* I hereby certify that the information above is accurate and complete to the best of my knowledge. \*\*\*

If you would like us to call you concerning this student, please check here.

E\_mail: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

\* Typing your name above constitutes your signature.