

Confidential Recommendation Form

This section needs to be compl	eted by	parents;						
My/our child,			ie enr	lying to Voyo	ri Internationa	School I/we		
appreciate your assistance								
•						ermission to		
provide information reque	estea, a	and I/we waive	any right to read	i the complete	a aocuments.			
Parent/Guardian:			Date:					
Form completed by	1							
Name								
Position								
School Name								
School Address								
School Curriculum								
Student's Current Grade								
Email address								
How long and in what								
capacity have you known								
the student?								
the student:								
Signature:				Date:				
Academic Qualities								
•		Not observed	Below Average	Average	Good	Outstanding		
Curiosity								
Attitude towards learning								
Makes efforts								
Follows directions								
Focuses on tasks								
Completes tasks Ability to work independently								
Ability to work independently Ability to communicate idea								
Critical thinking skills	as							
Class participation Small group participation								
Samuel Proup baratorbanon			1	1	1			
English – Language Ability	7							
Please indicate the student's E		language ability	on the spectrum b	elow.				
No prior exposure Ha	e limito	d English (Can understand, spea	k Hasastr	ong ability in	Native level		
			and construct simple		king and	English		
	and list		sentences	-	nding English	5		
A shiorroment Tarrel (* . 1		al-a a4 · ·	~ al- a al)					
Achievement Level (in langu					A1			
	De ro.	w expected level	At expe	cted level	Above ex	spected level		

Math achievement Reading achievement Writing achievement



Personal Qualities

	Not observed	Below Average	Average	Good	Outstanding
Adaptability/flexibility					
Self-control					
Confidence					
Consideration of others					
Maturity					
Relationship with peers					
Relationship with adults					

Relationship with adults					
What are this student's strengths	and weaknesse	es?			
Do you have any developmental, elaborate.	emotional, beha	vioural or other	concerns regard	ling this student	? If so, please
Is this student receiving any spec	ial education se	rvices and/or tu	toring support?	If so, please elab	oorate.
In what ways have the student's pelaborate.	parents been cod	operative and su	apportive in worl	king with school	? Please
Any additional comments.					

Thank you for your time and expertise in completing this form. Please return the completed form by email, fax or postal directly to school. Or you can give this form to the parents in a sealed envelope.

Email: admissions@yoyogiinternationalschool.com

Fax: (Within Japan) 03 6455 0882 (From Overseas) +81 3 6455 0882

Post: Admissions Office

Yoyogi International School

7-1, Udagawa-cho, Shibuya-ku, Tokyo 150-0042 Japan