



CARMEL SCHOOL ASSOCIATION

EXCELLENCE • COMMUNITY • TRADITION

CONFIDENTIAL TEACHER RECOMMENDATION Applicable to external applicants of Grade 3 to 11

Parents:

Please complete this form. Give it to your child's Head Teacher/Year Leader/Subject Teacher(s), along with the envelope provided. This is a confidential reference and must be returned to us from the school.

Student's Name

Date of Birth
Entering Grade

Current Grade

Release (mandatory):

I give permission for _____
to complete this form and return it to the Carmel School Association Limited. I understand that it will be used for admissions purposes only, and will not become part of my child's permanent record.

Parent's Signature

GANEYNU

One Robinson Place, 70 Robinson Rd.
Mid-Levels, Hong Kong
T: +852 2249-7600 F: +852 2249-7690
jccadmin@carmel.edu.hk

CARMEL ELEMENTARY

10 Borrett Rd.
Mid-Levels, Hong Kong
T: +852 2964-1600 F: +852 2813-4121
brcadmin@carmel.edu.hk

ELSA HIGH SCHOOL

460 Shau Kei Wan Rd.
Shau Kei Wan, Hong Kong
T: +852 3665-5388 F: +852 3665 5399
elsahighschool@carmel.edu.hk



Dear Head Teacher/Year Leader/Subject Teacher(s):

The child named above has applied for admission to Carmel School Association Limited. Thank you for taking the time to complete this fully confidential evaluation. Please feel free to add additional comments that you feel are important to help us understand this child. If you have any questions, please call the Admissions Office on (852) 36655388.

Teacher's Name

Position

School Name

Address

Telephone and Email

Date of completion of this form

OFFICE OF ADMISSIONS

Carmel School Association Limited
460 Shau Kei Wan
Shau Kei Wan, Hong Kong
Email: admin@carmel.edu.hk
Telephone: (852) 36655388 Fax: (852) 36655399
www.carmel.edu.hk

Name of Student: _____

Please tick the box that applies in each category.

	Excellent	Good	Average	Below Average	Cause for Concern
English Language Ability					
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics					
Facts and Computation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concept Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Attainment					
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional support services the applicant has received:

- | | | |
|---|--|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Behavior Support |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Individual/Group Counseling |
| <input type="checkbox"/> Remedial/Learning Support | <input type="checkbox"/> IEP | <input type="checkbox"/> Other |

Please provide detail and description of any of the services ticked above. Please describe any improvement observed in these areas, and whether or not continued accommodation is recommended for the coming school term.

Does the applicant have any health or physical issues? Any prescribed medication?
