



HIGH SCHOOL

Student Admission Recommendation Form

This Student Admission Recommendation Form for High School students should be filled out by a Teacher or Counselor nominated by the student or, in the case of a student in a Learning Support Program, by the Learning Support Teacher.

Dear Teacher,

The following student has applied for Admission to the High School at the Western Academy of Beijing (WAB). WAB is an IB World School for students in Nursery – Grade 12. Students in Grades 9-10 follow the International Baccalaureate Middle Years Program. Students in Grade 11-12 have three options. They may choose the International Baccalaureate Diploma Program; a combination of International Baccalaureate Courses and WAB Courses or WAB Courses including options for those students wishing to enter the world of work after graduation. Please help us to facilitate his/her transition to WAB by completing the form below and returning it confidentially in the envelope provided to **Sinéad Collins, Admissions and Development Manager, Western Academy of Beijing, PO Box 8547, 10 Lai Guang Ying Dong Lu, Chao Yang District, Beijing 100103, PRC**

Many thanks.

Name of Student _____ **Your Relationship to Student** _____

Courses you have taught this student _____

1. **How long have you known this student?** _____

2. **What are the first words that come to mind when describing this student?** _____

3. **Please rate the students progress so far on the following:**

	Below Average	Average	Outstanding
Independence in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Please rate the child's English language level on a scale of 1 - 8 by checking one box below:**

1 2 3 4 5 6 7 8
(New to English) (Native Speaker)

5. **Please describe the students' academic strengths and areas for improvement.** _____

6. **Please describe his/her relationship with peers and with adults.** _____

7. **Please add any additional comments that will help us to facilitate his/her transition to WAB.** _____

The following section should be completed by the Teacher or Counselor who filled in the above information.

School: _____	Date: _____
Teacher/Counselor Name (please PRINT): _____	Position: _____
Contact Details (email, tel/fax): _____	
	Signature: _____

NB All information in this form is confidential and will not be released to non-WAB staff.