



**SHSID Applicant Recommendation Form
For Admission to Grade 6-12**

Name of Applicant (as on passport): _____

Applicant's Present School (full name): _____ Present Grade: _____

How are you related to the student? (Please check the relevant boxes below)

- Homeroom Teacher Grade Director Dean of Teaching Affairs
 Dean of Student Affairs Principal Other _____

The above mentioned student is applying for admission to Shanghai High School International Division (SHSID). We appreciate the time you spend completing this recommendation form, and request that the person most knowledgeable about the student respond to the questions below. The checklist helps us evaluate areas of general interest and student capabilities. Your honest evaluation of the applicant will be of great value to the Admission Committee.

All information shared is considered confidential and disclosed only to the Admission Committee and other school personnel as deemed necessary by the Office of Admission.

Please tick the relevant options in the below table:

	Outstanding	Above Average	Average	Below Average	Not Applicable
Academic Achievement					
Intellectual Promise					
Communicates Oral Ideas Clearly					
Communicates Written Ideas Clearly					
Creative Thought					
Motivation					
Faculty Respect					
Disciplined Habits					
Reaction to Criticism					
Self Confidence					
Concern for Others					
Reaction to Setbacks					
Personal Conduct					
Personal Integrity					

Please answer the following questions:

1. How long have you been familiar with this applicant? How do you know him/her (through what class, or what activity)?



Name of Applicant (as on passport): _____

2. Does he/she meet the requirement of your school to continue studying?

3. Have there been any disciplinary actions involving bullying, fighting, breaking school rules, alcohol or smoking? Yes No
If yes, please explain in detail: _____
4. Have any psychological problems involving anxiety, hyperactivity, autism or any other learning disorders been displayed by the applicant? Yes No
If yes, please explain in detail: _____
5. Have any academic integrity problems involving cheating, plagiarism, forging a signature? Yes No
If yes, please explain in detail: _____
6. Does he/she get along well with other students?

7. Does he/she get along well with teachers?

8. Are the student's parents willing to cooperate with the school faculty? Yes No
If no, please explain in detail: _____
9. Is he/she absent frequently?

10. Does the student have any particularity needed to be mentioned? (like special talent, learning difficulties or speech disorder, etc.)

11. Aside from the above mentioned, is there anything else you would like to highlight about the student?

12. Are you willing to receive a phone call to discuss details about the student? Yes No

Name of Referee: _____ School Name (full name): _____
Position of Referee: _____ Phone Number: _____
Email Address: _____

Signature of Referee: _____
Date (mm/dd/yy): _____

Note: Please print and handwrite this form. Upon completion, please send to the SHSID Admissions Office by fax, email (scanning the finished form first) or by express mail.

SHSID Admissions Office
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