



Manorom International Christian School

**PRINCIPAL/COUNSELOR RECOMMENDATION FORM
(Middle & High Schools only)**

PRINCIPAL/COUNSELOR: The student identified below is applying for admission to Manorom International Christian School (MICS) Your thoughtful feedback is important, especially in assisting the student's transition to our community, if admitted. Thank you in advance for taking the time to complete this confidential recommendation. The information contained in this recommendation is confidential and will not be available to the applicant, parents, or anyone outside of the MICS Admission Committee. Please return this form in digital format directly to MICS Admissions: mics.ac.th@gmail.com

Full Name of Student: _____

Current School: _____

Current Grade: _____ Date (Day/Month/Year): _____

What are some strengths of this student?

Have there been any social and/or emotional concerns? If yes, please explain.

Have there been any academic dishonesty incidents we should be aware of?

Please describe the student's relationship with peers.

Please describe the student's relationship with adults.

Please describe the parent's relationship with the school.

Do any of the following apply to this student? If yes, please provide additional information.

Has the student received additional support at your school? If so, would you recommend services continue?

List	Received	Hours Per Week	Need to continue?
English as a 2 nd Language	Yes / No		
Special Education/Learning Support	Yes / No		
Remedial/Tutorial Support	Yes / No		
Speech Therapy	Yes / No		
Behavioral Support	Yes / No		

Does this student have any assessments, evaluations, an IEP or Learning Support Plan? If yes, please explain and include most recent date.

Has the student missed more than 10 days of school?	Yes / No
Has the student had an excessive number of tardy?	Yes / No
Has been dismissed, suspended, placed on probation or received any other serious disciplinary consequences?	Yes / No
Has withdrawn from the school voluntarily for an extended period of time?	Yes / No

I recommend this student to MICS:

List	Enthusiastically	With Confidence	With reservation
Character			
Academic Ability			

Is there any information that can be better conveyed in a phone conversation?
Yes / No

If we require further information, may we contact you? **Yes / No**

In the future, if this student were to reapply to your school, would you consider he/she eligible to re-enroll? **Yes / No**

Name: Dr. Mr. Mrs. Ms. _____

Position: _____ Email: _____

School Name: _____

School Website: _____ Telephone: _____

I have known this student for _____ years _____ months

Signature: _____

Date (Day/Month/Year): _____

**Thank you for your time in completing this recommendation.
Please return this form to: mics.ac.th@gmail.com**