



## LETTER OF RECOMMENDATION

This form is to be completed by a principal or a teacher and sent by email to [international@cepeo.on.ca](mailto:international@cepeo.on.ca)

**Thank you for taking the time to complete this form for the below-named student.  
 Your evaluation will be held in strict confidence.**

### STUDENT INFORMATION

Student Name		Date of Birth
Name of School		
Address of School		
City	Country	

**Please rank the student in comparison with his or her other classmates by marking an “X” in the appropriate box.**

	Excellent	Good	Average	Poor
Academic ability				
French speaking skills				
French writing skills				
Reliability				
Organization skills				
Autonomy				
Collaboration skills				
Initiative				
Self-regulation				



Does this student have a history of frequent absence from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have a history of behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have learning disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other issues you would like to share?	
Based on your knowledge of this student, how would you evaluate his/her potential success as an international student?	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Please add any comments you think may be appropriate:	
How long have you known this student?	

**INFORMATION ABOUT THE PRINCIPAL OR TEACHER**

Position	Name	Email
Signature		Date