



LETTER OF RECOMMENDATION

This form is to be completed by a principal or a teacher and sent to our email at 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?	Yes	No
Does this student have a history of behavioral problems?	Yes	No
Does this student have learning disabilities?	Yes	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?	Very good Average	Good 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