

# GLOBAL CHRISTIAN FOREIGN SCHOOL

## ◆ TEACHER RECOMMENDATION ◆

Office of Admissions ◆

admissions@gcfskorea.org ◆

02.797.0234

### STUDENT INFORMATION

Student's Name : \_\_\_\_\_

Birthdate (MM/DD/YYYY) : \_\_\_\_\_ Grade : \_\_\_\_\_

### EVALUATOR DATA

Name : \_\_\_\_\_ Position : \_\_\_\_\_

School Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

School Address : \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Fax Number : \_\_\_\_\_

How long have you known the applicant? : \_\_\_\_\_ years In what capacity? : \_\_\_\_\_

### APPLICANT EVALUATION

Words/phrases that first come to mind when considering the student : \_\_\_\_\_

Academic Qualities	Excellent	Good	Average	Below Average	Poor	N/A
Thinking Skills						
Intellectual Curiosity						
Study Habits						
Organizational Skills						
Ability to Learn						
Class Participation						
Math Performance						
Reading Skills						
Writing Skills						

Character Qualities	Excellent	Good	Average	Below Average	Poor	N/A
Self-Confidence						
Leadership Potential						
Concern for Others						
Respect for Authority						
Honesty						
Cooperation						

**B E H A V I O R**

Please make any comments that you feel would be appropriate in helping us evaluate this student's behavior and character.

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**S P E C I A L   S E R V I C E S**

Academic :     ESL     Gifted     Remedial/Learning Support

Therapy :     Occupational Therapy     Speech/Language Therapy

Other :     Has ADHD     Has ADD     Individual Counseling     Behavior Management

Please describe any checked boxes and/or the special needs of the student : \_\_\_\_\_

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**D I S C I P L I N E**

Has this student ever received any detentions or suspensions at the school?     Yes     No

If yes, please fill out the following lists.

Detention(s) \_\_\_\_\_ time (s)

Reasons : \_\_\_\_\_

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Suspension(s) \_\_\_\_\_ time (s)

Reasons : \_\_\_\_\_

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**R E L A T I O N S H I P S**

Please write about the relationship between this student and other classmates, and his/her attitude towards other including friends, teachers, and parents/guardians.

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Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*Thank you very much for taking the time to complete this recommendation!*

**Please mail, fax, or e-mail this recommendation form to:**

*Global Christian Foreign School  
115 Dokseodang-ro Yongsan-gu Seoul, South Korea 04419  
Fax: 02-797-0401  
E-Mail: [admissions@gcfskorea.org](mailto:admissions@gcfskorea.org)*