



St. Nicholas

**St Nicholas School Alphaville**  
**São Paulo**

**Teacher recommendation for applicants in Grades 2 to 10**

One form should be completed by a teacher of your choice and another by a teacher with wider school leadership (Head of Year, Head of House, Counselor, Head of School or School Principal).

**Applicant's Name** \_\_\_\_\_ **DoB:** \_\_\_\_\_

is applying for a place to study at **St Nicholas School** in São Paulo, Brazil.

([www.stnicholas.com.br](http://www.stnicholas.com.br))

The information you provide is strictly confidential and should be returned to Nathália Simões ([nsimoes@stnicholas.com.br](mailto:nsimoes@stnicholas.com.br)) at St Nicholas School Alphaville.

**About you**

Your name:
Your position at the school:
Contact Details (phone and/or email address):
How long have you known the applicant and in what capacity?

**About your School**

Name and address of School:
School website:
Main language of instruction at the school:

**About the applicant**

Current year group/grade level:
At the end of this academic year, how many years would the applicant have spent at your institution?

**Reference**

Rate the student's skills and abilities using the statements here below.	No evidence	Below grade level expectations	At grade level expectations	Exceeds grade level expectations
The student demonstrates self-discipline				
The student is capable of regulating his or her emotions				
The student's interactions with adults and peers are respectful				

The student's behaviour is appropriate for the school environment				
The student is punctual				
The student brings required materials to school and to lessons				
The student is an active participant in sports and/or extracurricular activities				
The student works and behaves according to the values and ethos of the school				
The student is able to handle the challenges of academic work				
The student is able to work independently				
The student is able to work with others during group activities				
The student is able to receive feedback and act on recommendations made				
The student is capable of reflecting on his or her work, either in writing or verbally				
The student is capable of using technology to enhance his or her learning, including tablets, computers, and the internet				
The student is capable of critical thinking				

**Please describe the student's academic abilities and learning experience at your institution using the boxes provided. You are kindly asked to provide as much relevant information as possible.**

The applicant's communication skills in their first language (if not English) - verbal and written
The applicant's communication skills in English - verbal and written

The applicant's areas of strength in the curriculum: Which subjects does he/she enjoy the most success
Subjects in need of development (if any):
Examples of significant achievements at the school

Has he/she received any academic support at your school? Gifted and Talented, Academic Support, SEN/EAL  
 Yes     No  
If yes, give details

Has he/she received any behavioral support at your school? Psychological Therapy or Counseling, Other:  
 Yes     No  
If yes, give details

Has he/she ever been suspended from your school?  
 Yes     No  
If yes, give details.

Three adjectives that would best describe this applicant as a learner:  
1.  
2.  
3.

**Please provide information on the student's family:**

Do the parents of the student agree with and support the values and mission of the school?  
 Yes     No  
Give details:

Do the parents participate in activities or projects offered by the wider school community (International Day, Parent Association work, charity events, school performances)?  
 Yes     No  
Give details:

Do the parents of the student meet deadlines in terms of payments and fees?  
 Yes     No     Do not know  
Give details (or indicate) whom to contact for this information:

.....  
Signed

.....  
Date