NEW INTERNATIONAL SCHOOL OF THAILAND

This form must be return to the admissions office directly via: fax 02-253-1193 or admissions@nist.ac.th or with the enclosed envelope. Thank You for your cooperation.

NIST RECOMMENDATION FORM

1. Student's name _____
   Last First

2. Current School _____ NIST Year Group: _____

3. **TO THE REFEREE:** *The student named above is a candidate for admission to N.I.S.T. The Admission Committee places considerable weight on the academic and personal qualities of each student. Your recommendation will help us with this process. We would appreciate your candid and thoughtful responses, which will be kept confidential.*

How many years have you known the student? _____

4. Please **place a check mark** at the point on the sliding scale that represents your evaluation of the student in comparison to other students in his or her age group. If you have no fair basis for judgment, do not hesitate to say so.

	Excellent	Average	Weak	No basis for judgment
Ability	|.....|			☐
Achievement	|.....|			☐
Intellectual Curiosity	|.....|			☐
Creativity	|.....|			☐
Effort	|.....|			☐
Ability to Work Independently	|.....|			☐
Organization	|.....|			☐
Acceptance of advice/constructive criticism	|.....|			☐
Leadership	|.....|			☐
Concern for Others	|.....|			☐
Honesty/Integrity	|.....|			☐
Self-esteem	|.....|			☐
Maturity (relative to age)	|.....|			☐
Responsibility	|.....|			☐
Reaction to setbacks	|.....|			☐
Initiative	|.....|			☐
Energy	|.....|			☐
Behavior	|.....|			☐

5. Is the student in a: gifted / talented programme? ☐ Yes ☐ No
   Learning Support programme? ☐ Yes ☐ No

6. Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others deemed necessary by the Head of Admissions.

SIGNATURE DATE

PRINTED NAME E-MAIL ADDRESS

POSITION IN SCHOOL TELEPHONE