



Michael E. DeBakey High School for Health
Professions at Qatar
Admissions for 2018 – 2019 School Year
Math or Science Teacher Recommendation Form

Student's Name: _____ Grade Applying: _____

To the Parent: Please print the above information and give this form to the student's teacher. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to read the confidential teacher recommendations. I understand that teacher recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school through email or an enclosed envelope.

Signature of Parent or Guardian: _____ Date _____

To the Teacher: As part of the DeBakey's admissions process, students are required to submit teacher recommendations.

Please rate this student based on his/her performance in your class and return it in an enclosed envelope or by email to admissions@debakeyatqatar.org. The recommendation you provide is confidential, please do not share it with the student.

Teacher's Name: _____

Course title for which you have taught this student: _____

	Excellent	Very Good	Good	Below Average	Additional Comments if necessary.
Strong motivation to learn					
Follows teacher's directions					
Ability to work independently and manage time well					
Strong self-control and discipline					
Intellectual curiosity and interest in academic activities					
Demonstrates appropriate energy level					
Critical thinking					
Ability to solve problems					
Originality of thinking					
Well-developed writing skills					
Articulates well in class discussions					
Reading Comprehension					
Willingness to accept constructive criticism					
Works well with others					
Respect for peers / classmates					



Michael E. DeBakey High School for Health
Professions at Qatar
Admissions for 2018 – 2019 School Year
Math or Science Teacher Recommendation Form

How is the student's attendance in your class? Are there consistent concerns with student being absent / late to class?

Briefly describe the student's behavior in your class.

Briefly describe the student's interaction with group activities and peer interaction.

Please describe your interaction with the student's family. How responsive are the student's parents / guardians?

Signature of Teacher: _____ Date _____

Thank you for completing this recommendation form. If you would like to discuss / explain any of the information you have provided, please provide us with your contact information:

Telephone: _____

Email address: _____

After completion, please mail, or email this form directly to:

Director of Admissions
DeBakey High School for Health Professions – Qatar
P.O. Box 7582
Doha, Qatar
Phone: +974 4499 9851
Email: Admissions@debakeyatqatar.org



Michael E. DeBakey High School for Health Professions at Qatar

Admissions for 2018 – 2019 School Year English Teacher Recommendation Form

Student's Name: _____ Grade Applying: _____

To the Parent: Please print the above information and give this form to the student's teacher. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to read the confidential teacher recommendations. I understand that teacher recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school through email or an enclosed envelope.

Signature of Parent or Guardian: _____ Date _____

To the Teacher: As part of the DeBakey's admissions process, students are required to submit teacher recommendations.

Please rate this student based on his/her performance in your class and return it in an enclosed envelope or by email to admissions@debakeyatqatar.org. The recommendation you provide is confidential, please do not share it with the student.

Teacher's Name: _____

Course title for which you have taught this student: _____

	Excellent	Very Good	Good	Below Average	Additional Comments if necessary.
Strong motivation to learn					
Follows teacher's directions					
Ability to work independently and manage time well					
Strong self-control and discipline					
Intellectual curiosity and interest in academic activities					
Demonstrates appropriate energy level					
Critical thinking					
Ability to solve problems					
Originality of thinking					
Well-developed writing skills					
Articulates well in class discussions					
Reading Comprehension					
Willingness to accept constructive criticism					



Michael E. DeBakey High School for Health Professions at Qatar

Admissions for 2018 – 2019 School Year

English Teacher Recommendation Form

Works well with others					
Respect for peers / classmates					



Michael E. DeBakey High School for Health Professions at Qatar

Admissions for 2018 – 2019 School Year

English Teacher Recommendation Form

How is the student's attendance in your class? Are there consistent concerns with student being absent / late to class?

Briefly describe the student's behavior in your class.

Briefly describe the student's interaction with group activities and peer interaction.

Please describe your interaction with the student's family. How responsive are the student's parents / guardians?

Signature of Teacher: _____ Date _____

Thank you for completing this recommendation form. If you would like to discuss / explain any of the information you have provided, please provide us with your contact information:

Telephone: _____

Email address: _____

After completion, please mail, or email this form directly to:

Director of Admissions
DeBakey High School for Health Professions – Qatar
P.O. Box 7582
Doha, Qatar
Phone: +974 4499 9851
Email: Admissions@debakeyatqatar.org



**Michael E. DeBakey High School for Health Professions at Qatar
Admissions for 2018 – 2019 School Year
Administrator/Counselor Recommendation**

Form

Student's Name: _____ **Grade Applying:** _____

To the Parent: Please print the above information and give this form to an administrator or counselor. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to read the confidential administrator / counselor recommendations. I understand that teacher recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school through email or an enclosed envelope.

Signature of Parent or Guardian: _____ **Date** _____

To the Administrator/Counselor: This student is seeking admission to DeBakey High School – Qatar. The school curriculum is college preparatory and requires all students to be of good character and motivated to achieve excellence.

Please rate this student based on his/her performance in your school and return it in an enclosed envelope or by email to admissions@debakeyatqatar.org. The recommendation you provide is confidential, please do not share it with the student.

Administrator / Counselor Name: _____

Position / Role at School: _____

	Excellent	Very Good	Good	Below Average	Additional Comments if necessary.
Strong motivation to learn					
Overall attitude					
Care and Concern for others					
Strong self-control and discipline					
Intellectual curiosity and interest in academic activities					
Demonstrates appropriate energy level					
Involvement with extracurricular activities					
Respect for faculty					
Maturity / Self Confidence					
Integrity					
Parent Cooperation					
Parent Volunteer Participation					



Michael E. DeBakey High School for Health Professions at Qatar
Admissions for 2018 – 2019 School Year
Administrator/Counselor Recommendation

Form

Has the student ever committed a serious infraction of the school's policies? If so, please explain what happened.

Has the student ever been placed on probation or suspension? If so, please explain what happened.

Is there any reason you would not offer re-enrollment to the student?

Has the student had a positive impact of the study body that you are aware of during his time at you school. If so, please explain.

Please describe your interaction with the student's family. How responsive are the student's parents / guardians? Were financial commitments met in a timely manner?

Signature of Administrator/Counselor: _____ Date _____

Thank you for completing this recommendation form. If you would like to discuss / explain any of the information you have provided, please provided us with your contact information:

Telephone: _____

Email address: _____

After completion, please mail, or email this form directly to:

Director of Admissions
DeBakey High School for Health Professions – Qatar
P.O. Box 7582
Doha, Qatar
Phone: +974 4499 9851
Email: Admissions@debakeyatqatar.org