



Teacher Recommendation

Student's Name: _____

Current Grade in School: _____

Program Name & Dates: _____

To the Recommender:

The student named above is applying to attend an International Doorways summer program. International Doorways offers international experiential service learning and adventure coed summer programs for teens ages 14-18 to South Africa, Namibia, Peru, Dominican Republic, Bali, Guanajuato (Mexico), Panama, Japan, Turkey, Zanzibar, Tanzania, Nicaragua, Ecuador & Galapagos Islands. Allowing teenagers to expand their horizons by combining language study, community service projects and outdoor adventure. From the heart of the Western Hemisphere of Costa Rica to the sacred ancient Inca ruin site of Machu Picchu in Peru, participants will travel to, and participate in interactive projects in rarely accessed locations which will provide students with an exceptional opportunity to explore cultures, ancient and modern, fundamentally different from their own. Your assessment will provide us with valuable information as we consider his/her request for program acceptance.

Please return form back to the student or mail to the address given below for International Doorways Inc.

- The form should be mailed directly to International Doorways, Attn: Program Director, Kathleen Vivas, P.O. Box 12997 Raleigh, NC 27605.

Note: The student's application cannot be considered unless this form is received. If you have any questions about completing this form or other questions about our programs, you may contact us at 919-832-3706.

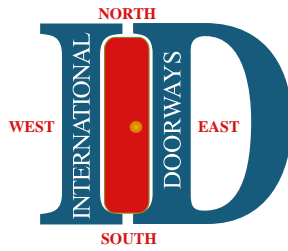
International Doorways, Inc.

P.O. Box 12997 / Raleigh, North Carolina 27605

919-832-3706 Fax: 800-637-3093

<mailto:info@internationaldoorways.com>

<http://www.InternationalDoorways.com>



Please type or write your recommendation below, on the back of this page, or attach a separate page (s). Evaluate the student's potential to participate in the program by discussing the following:

1. Student's strengths as a learner
2. Student's attitude toward and experience in the program's subject area
3. Ways in which the student would benefit from this program
4. Unique contributions the student would offer the program
5. Student's social and emotional maturity

Signature of Recommender: _____ Date: _____

Name and Title of Recommender (Please print): _____

Name of School: _____ Daytime Phone #: (_____) _____

Email _____

School Address: _____

City, State, Zip: _____

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