To the Parent of the Student Applicant: Please write your son’s name on the form and give it to his teacher or school principal. Provide a letter envelope with your son’s name and remind the teacher/administrator to return the accomplished form to you in a sealed envelope with his/her signature on the flap. Attach the sealed recommendation form on the Application for Admission form when you submit it. Unsealed envelope will not be accepted. Thank you.

To the School Administrator or Teacher: Kindly accomplish this form. Type or print legibly all information needed. Return to the parent/s of the student in a sealed envelope with your signature on the flap. Thank you.

# RECOMMENDATION FORM

<table>
<thead>
<tr>
<th>Name of Student Applicant</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Currently Enrolled in</th>
<th>School’s Name</th>
<th>School Address</th>
</tr>
</thead>
</table>

Preparatory Level/s Completed in Current School (Check whichever applies.)

- [ ] Nursery
- [ ] Kinder 1
- [ ] Kinder 2
- [ ] Prep
- [ ] Others: (Pls. Specify) ____________________

Guided by the categories stated below, tick-off the level of the student’s most recent performance rating in the following areas:

- **Excellent:** 95-100 (A)
- **Good:** 85-89 (B)
- **Acceptable:** 75-79 (C)
- **Very Good:** 90-94 (B+)
- **Satisfactory:** 80-84 (C+)
- **Unsatisfactory:** 65-74 (D)

1. **Academic Achievement:**

   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Satisfactory
   - [ ] Acceptable
   - [ ] Unsatisfactory

   Please specify any particular strengths and/or difficulties the student has.

2. **Behavior in class/school**

   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Satisfactory
   - [ ] Acceptable
   - [ ] Unsatisfactory

   Please specify any behavioral concerns about the applicant that may need teacher’s attention:

   - [ ] lack of or no eye contact
   - [ ] fidgety
   - [ ] easily distracted
   - [ ] poor social skills
   - [ ] talks a lot
   - [ ] others: (specify) ____________________
   - [ ] short attention span
   - [ ] moves a lot
   - [ ] none

3. **Health/Physiological Conditions:**

   Please check the condition/s that applies/applies to the applicant that should be taken into consideration:

   - [ ] asthma
   - [ ] visual impairment (specify) __________
   - [ ] Surgery (specify) __________
   - [ ] bronchitis
   - [ ] hearing impairment (specify) __________
   - [ ] others: (specify) __________
   - [ ] speech delay
   - [ ] allergy (specify) __________
   - [ ] none

4. **Is the child fit to attend a traditional school setting?**

   - [ ] YES
   - [ ] NO, Why? ____________________

Recommendation:

- [ ] Strongly Recommended
- [ ] Recommended
- [ ] Recommended with Reservation because ____________________
- [ ] Not Recommended because ____________________

---

Signature over Printed Name ____________________  Position ____________________  Date ____________________

---

To the Parent of the Student Applicant:

Please write your son’s name on the form and give it to his teacher or school principal. Provide a letter envelope with your son’s name and remind the teacher/administrator to return the accomplished form to you in a sealed envelope with his/her signature on the flap. Attach the sealed recommendation form on the Application for Admission form when you submit it. Unsealed envelope will not be accepted. Thank you.

To the School Administrator or Teacher:

Kindly accomplish this form. Type or print legibly all information needed. Return to the parent/s of the student in a sealed envelope with your signature on the flap. Thank you.