**RECOMMENDATION FORM**

**Name of Student Applicant**

**School Currently Enrolled in**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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</thead>
<tbody>
<tr>
<td>School’s Name</td>
<td>School Address</td>
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</tbody>
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**Preparatory Level/s Completed in Current School**

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

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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)
- **Very Good**: 90-94 (B+)
- **Good**: 85-89 (B)
- **Satisfactory**: 80-84 (C+)
- **Acceptable**: 75-79 (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/apply 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? __________________________

   __________________________

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**Recommendation**:

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

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**Signature over Printed Name** __________________________

**Position** __________________________

**Date** __________________________

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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.