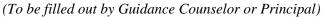
RECOMMENDATION FORM

Reach International School Admissions • Paseo de Magallanes, Commercial Center, Makati City • admin@reachinternationalschool.edu.ph •





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	First	t Name		Mid	dle Name
e of School:					
ol Address:					
long have you known the student? _	Years		onth		
applying for:					
ENT'S APPRAISAL					
	Excellent	Above	Average	Below	Poor
		Average		Average	
Ability to express his or her own					
ideas confidently					
Emotional stability					
Leadership skills and potential					
Maturity (befitting his/her age)					
Openness to ideas, values, point of					
view of others					
School conduct					
Self-confidence					
Self-discipline					
Self-esteem					
Sensitivity to others					

2.				behavioral support that has been provided to may be required? (IEP, learning disability,
		Yes 🗖	No 🗖	Please explain below:
3.	Has the applicant be indicate the offense/			plinary action or misconduct? If yes, please sanction/s given.
4.	How would you de learning at home or		parents'/guar	dians' level of involvement in the applicant's
5.	How would you desteachers and school		arents'/guard	ians' level of cooperation with the applicant's

OVER-ALL RECOMMENDATION

EVAL

SCHO

regarded as confidential. Thank you.

1.1	cant is:		
	☐ Strongly recomm	nended	
	☐ Recommended		
	☐ Recommended v	with reservations	
	☐ Not recommend	ed	
If rating	is Recommended with	h reservations or Not recom	mended, kindly give a brie
explanatio	on:		
UATOR'S	INFORMATION		
UATOR'S	INFORMATION		
	Last Name	First Name	Middle Initial
Œ:		First Name	
IE:ion:	Last Name	First Name Signature:	
IE:ion:act Number: _	Last Name	First Name Signature: Email Address:	
IE:ion:act Number: _	Last Name	First Name Signature: Email Address:	
IE:ion: act Number: _ accomplished	Last Name	First Name Signature: Email Address:	
IE:ion: act Number: _ accomplished	Last Name	First Name Signature: Email Address:	
IE:ion:act Number: _accomplished	Last Name : NISTRATOR/PRI	First Name Signature: Email Address: INCIPAL'S INFORMAT	
ion: act Number: _ accomplished	Last Name	First Name Signature: Email Address: INCIPAL'S INFORMAT	

Please affix school dry seal here: