

# RECOMMENDATION FORM



Reach International School Admissions • Paseo de Magallanes, Commercial Center, Makati City  
• admin@reachinternationalschool.edu.ph •  
(To be filled out by Guidance Counselor or Principal)

## STUDENT'S INFORMATION

**NAME:** \_\_\_\_\_  
As on Birth Certificate      Last Name      First Name      Middle Name

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**How long have you known the student?** \_\_\_\_\_  
Years      Month

**Level applying for:** \_\_\_\_\_

## STUDENT'S APPRAISAL

	Excellent	Above Average	Average	Below Average	Poor
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					

Please answer the following questions briefly:

1. What are the applicant's strengths and weaknesses?

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**2. Are you aware of any additional learning or behavioral support that has been provided to the applicant or if a condition exists so that it may be required? (IEP, learning disability, counseling, etc.)**

Yes

No

Please explain below:

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**3. Has the applicant been subjected to any disciplinary action or misconduct? If yes, please indicate the offense/s, date/s and disciplinary sanction/s given.**

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**4. How would you describe the parents'/guardians' level of involvement in the applicant's learning at home or school?**

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**5. How would you describe the parents'/guardians' level of cooperation with the applicant's teachers and school?**

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## OVER-ALL RECOMMENDATION

The applicant is:

- Strongly recommended
- Recommended
- Recommended with reservations
- Not recommended

If rating is *Recommended with reservations* or *Not recommended*, kindly give a brief explanation:

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## EVALUATOR'S INFORMATION

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date accomplished: \_\_\_\_\_

## SCHOOL ADMINISTRATOR/PRINCIPAL'S INFORMATION

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please seal this form in an envelope and sign on the flap. All ratings and recommendations in this form are regarded as confidential. Thank you.

*Please affix school dry seal here:*