



RECOMMENDATION FORM

TO THE APPLICANT: Please fill in the required information below and give a copy to your Class Adviser or Principal / Guidance Counselor

NAME (last, first, middle): _____

Present School: _____ Grade Level: _____

School Address: _____

School Tel No: _____ School Email: _____

To the Principal or Counselor / Class Adviser: The above student is applying for admission to PAREF Rosehill School. Kindly complete this form completely and accurately. Please print or type your answers clearly.

CHARACTER & PERSONALITY (Please check the appropriate column)

O - Outstanding **VS** - Very Satisfactory **S** - Satisfactory **F** - Fair **NI** - Needs Improvement

	O	VS	S	F	NI
Ability to Learn					
Self-confidence					
Self-discipline					
Self-management					
Emotional Maturity					
Respect for Authority					

Please write an appraisal of the applicant's character and personality

INTELLECTUAL ABILITY AND ACHIEVEMENT

	O	VS	S	F	NI
Intellectual Capacity					
Ability to Work with Groups					
Oral Communication Skills					
Written Communication Skills					

Please write the academic strengths and difficulties of the applicant. In what areas can she improve on?

Has the applicant been involved in any disciplinary case? ___ No ___ Yes. Please give details.

INTERVENTION/SUPPORT SERVICES (Please check the appropriate column)

C - Currently **P** - Previously **R** - Recommended **N/A** - Not Applicable

Services	C	P	R	N/A
English as an Addition Language (EAL)				
Formal Learning Support Services				
Occupational Therapy				
Physical Therapy				
Speech and Language Therapy				
School Counseling				
Behavior Management Plan				
Identified as Gifted and Talented				
Comprehensive Educational Assessment <i>i.e PsychEd</i>				
Reading/Math Intervention				

Does this student to your knowledge have any other historical and/or physical health conditions?

Scholastic Standing in Class: top 10% upper 25% middle 50% lower 25%

Overall Appraisal: above average average below average

** Basis for rating:

___ records ___ sessions with the applicant ___ personal observation ___ teacher's observation ___ others: _____

RECOMMENDATION:

{ } Strongly recommended

{ } Recommended with reservation

{ } Recommended

{ } Not recommended

Name: _____

Signature: _____

Designation: _____

No. of months/yrs. you have known the applicant: _____

Contact No. : _____

Date: _____

**Please affix the school dry seal here.*

Please return this form to the applicant in a sealed envelope with your signature across the flap.

*** To facilitate the admissions process, please email also a soft copy of this form directly to admissions@parefroshill.edu.ph apart from giving the sealed original copy to the applicant. Thank you.**