ATENEO DE MANILA UNIVERSITY

GRADE SCHOOL

Katipunan Avenue, Loyola Heights, Q.C.

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

Name of Student Applicant _____
First **Middle** **Last**

School Currently Enrolled in _____
School's Name **School Address**

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/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?** _____

Recommendation:

☐ Strongly Recommended
☐ Recommended
☐ Recommended with Reservation because _____
☐ Not Recommended because _____

_____ _____ _____
Signature over Printed Name **Position** **Date**

Data Privacy Clause

All data included in this recommendation form shall be treated as confidential and shall be processed in accordance with the Data Privacy Act of 2012. The data shall be used only in relation to the application of the Student Applicant for admission to Ateneo de Manila Grade School.