ATENEO DE MANILA UNIVERSITY
GRADE SCHOOL
Katipunan Avenue, Loyola Heights, Q.C.

**RECOMMENDATION FORM**

Name of Student Applicant

School Currently Enrolled in

Preparatory Level/s Completed in Current School (Check whichever applies.)

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? ______________________________________________________________________________

   ____________________________________________

Recommendation:

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

   ____________________________  ____________________________  ____________
   Signature over Printed Name  Position  Date

**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.