

GRADE SCHOOL CONFIDENTIAL RECOMMENDATION FORM

Applicant's Name:							
–	Last Name	Given Name	Middle Name		Nickname		
Applying for:			Date of Evaluation:				
Applying for:	Grade Level	School Year	_ Date of Evaluation:				
To the Adviser, Guidance Counselor or School Head: The student whose name stated above is applying for admission to our school. Your candid and thoughtful evaluation will help us assess his/her application. Please complete this form and return to the applicant in a sealed envelope with your signature across the flap. You may also scan and email this to <u>britesparksinternational@gmail.com</u> . All information will be kept confidential.							
Evaluator:							
Name of the School:							
Address of the School:							
Contact Number: E-mail Address:							
How long have you known the applicant: Designation/Position:							
I. CHARACTER AND PERSONALITY TRAITS. Check the appropriate column for your answer.							
1	IRAITS	Area o Strengt [4]		Working Towards [2]	Area of Concern [1]		

IKAIIS	[4]	[3]	[2]	[1]
Amiability				
Cleanliness and Organization				
Cooperation and Teamwork				
Courtesy and Respect				
Creativity				
Critical and Creative Thinking				
Curiosity				
Discipline and Self-control				
Honesty				
Imagination				
Independence				
Initiative and Proactiveness				
Justice and Fairness				
Leadership Potential				
Personal Accountability				

II. ACADEMIC SKILLS and POTENTIALS. Check the appropriate column for your answer.

SKILLS	Area of Strength [4]	Age- Appropriate [3]	Working Towards [2]	Area of Concern [1]
Arithmetic and Logical Skills				
Oral Communications Skills				
Reading Comprehension Skills				
Time Management Skills				
Written Communication Skills				

□ Music (Musical-Rhythmic)) 🗆 Visu atical) 🗆 Peo	 xcel the most? (Check appropriate Visual Arts (Visual Spatial) People Skills (Interpersonal) Body Movements (Bodily-Kinesthermann) 			 Language (Verbal-Linguistic) Science (Naturalistic) 		
B. What rank does the app	licant belong to i	n terms of acc	ademic perfo	ormance? (Check appropriate	box/es)	
In his/her class:	🗆 Top 10%	🗆 Top 25%	🗆 Top 50%		□ Below 50%		
In his/her grade level:	🗆 Top 10%	🗆 Top 25%	🗆 Top 50%		ow 50%		
Number of Students in Clas	S:	Num	ber of Stude	nts in the G	rade Level:		
III. OTHER CONCERNS							
A. Has the applicant received of the second							
B. Has the applicant have a lf yes, please specif							
C. Does the student have a Yes INC If yes, please specif)						
IV. Parents Involvement: Please characterize the fol Parent's support of the chil Parent's support to the tea Parent's support to school Parental involvement in the Parent's financial support t	d's education is chers is events is e school overall is	□ Stro □ Stro □ Stro □ Stro	ongIongIongIongIongI	Average Average	 Weak Weak Weak Weak Weak 		
V. Recommendation I strongly recomm I recommend him I recommend him I do not recommend *Reason:	n/her for admissio n/her for admissio	n with some r n.	eservation.				
Would you prefer to speak	with us over the p	ohone? 🛛 Y	es 🗆 I	No			
School's Dry Sea	I						

Name and Signature

Date

Thank you for your time and cooperation.