



LEADERS INTERNATIONAL

CHRISTIAN SCHOOL OF MANILA

SCHOOL RECOMMENDATION FORM FOR ADMISSION

- Homeroom Teacher
 Principal OR Guidance Counselor

Name of Applicant: _____

To the Evaluator: Please complete this form and seal inside attached envelope. Thank you very much for your cooperation and assistance.

How long have you known this student? _____

Social/Emotional Skills	Always	Most of the time	Sometimes	Needs to carry out
Cooperates	—	—	—	—
Initiates play activities	—	—	—	—
Shares well	—	—	—	—
Is imaginative/creative	—	—	—	—
Has the potential to lead	—	—	—	—
Has the capacity to follow/obey	—	—	—	—
Uses materials purposefully	—	—	—	—
Is curious	—	—	—	—
Is comfortable with adults	—	—	—	—
Works well independently	—	—	—	—
Responds positively to correction	—	—	—	—
Physical Skills	Always	Most of the time	Sometimes	Needs to carry out
Small muscle control and coordination	—	—	—	—
Large muscle control and coordination	—	—	—	—
Speech development (articulation)	—	—	—	—
Stamina	—	—	—	—
Pencil grip	—	—	—	—
Pre-Academic Skill Development	Always	Most of the time	Sometimes	Needs to carry out
Is attentive and listens carefully	—	—	—	—
Listens in a group	—	—	—	—
Contributes to discussion	—	—	—	—
Follows directions	—	—	—	—
Works cooperatively	—	—	—	—
Completes tasks	—	—	—	—
Can focus on one task	—	—	—	—
Respects classroom routines	—	—	—	—
Moves easily from one activity to another	—	—	—	—
Is a self-starter/shows initiative	—	—	—	—
Exhibits problem solving abilities	—	—	—	—
Expresses thoughts well	—	—	—	—

Additional comments about this child's work habits, social readiness, emotional growth, physical development and or pre-academic skill development would be greatly appreciated.

1. How would you compare this applicant's potential to others whom you have observed in similar circumstances?

Below average

Fair

Average

Above average

Excellent

Outstanding

One of the top few I have encountered in my career

2. Are you aware of any learning or behavioural conditions which may exist and might require further support?

Yes

No

Please explain below:

May we contact you for further information? Yes No

Homeroom Adviser: _____ Signature: _____

Grade level: _____

Guidance Counselor: _____ Signature: _____

School Name: _____

School Address: _____

Telephone: _____ Email: _____

NOTED BY:

Principal: _____ Signature: _____

Date: _____

Thank you for taking the time to complete this evaluation.

Please scan and email directly to:

Admissions Office

Leaders International Christian School of Manila

admissions@leadersics.edu.ph

Phone: (63-2) 8836 4535

NOT VALID WITHOUT SCHOOL SEAL

