



# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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
- Are you aware of any learning or behavioural conditions which may exist and might require further support?
  - Yes
  - No

Please explain below:

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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**

xampig@leadersics.edu.ph

Phone: (63-2) 8836 4535

**NOT VALID WITHOUT SCHOOL SEAL**