



CHINESE
INTERNATIONAL
SCHOOL MANILA

Upper McKinley Road, McKinley Hill
Fort Bonifacio, 1634 Taguig City
Metro Manila, Philippines
Tel.: +63(2) 798 – 0011
Fax: +63(2) 798 – 0582
Email: info@cismanila.org
www.cismanila.org

INCOMING G6 – G12 RECOMMENDATION FORM

Name of Student: _____
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth: _____ Gender: _____ Citizenship: _____

Current School: _____ Current grade level: _____

Classroom Teacher: _____ Applying for grade: _____

List the subjects you have taught this student: _____

How long have you know this student and in what context? _____

Purpose: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. We understand the difficulty in evaluating a student and are fully aware that children are constantly growing, changing, and developing. This form is only one piece of the student's profile to be used in our assessment process. This form will not become part of a student's permanent record.

Please complete this form and fax it to us at **(632) 798-0582** or scan and e-mail it back to us at **info@cismanila.org**. Your comments will be considered confidential. Thank you for your thoughtful attention to this request.

LEARNING SKILLS	Always	Often	Sometimes	Never
Willingness to try new activities				
Ability to focus on and complete a task				
Ability to work in groups				
Ability to work independently				

How would you rank the applicant's academic performance in his/her class?

Are you aware of any additional learning or behavioral support that has been provided to this student or if a condition exists so that it may be required? (IEP, learning disability, counseling, etc.)

PERSONAL SKILLS	Always	Often	Sometimes	Never
Has a healthy self-image				
Has the ability to resolve conflicts				
Has the ability to develop friendships				
Has the ability to use criticism for growth				

GENERAL OBSERVATIONS:

Describe the student's most important accomplishment in your classroom.

Describe the student's social relationships in your school community.

English Teacher:

Please comment on this student's reading and writing skills. (Consider reading comprehension, vocabulary, grammar, mechanics, and creativity.)

Mathematics Teacher:

What math course is this student enrolled in? _____

What level of course: Remedial Regular Advanced/Honors Mixed Ability

What is the suggested math placement for next school year? _____

Please comment on the student's mathematical skills and courses taken (ie: algebra, trigonometry, geometry, calculus, etc.).

PARENTAL COOPERATION	Always	Often	Sometimes	Never
Parents are respectful of teacher(s) and school				
Parents are responsive to teacher feedback				
Parents contribute to classroom				
Parents support classroom systems and expectations				
Parents agree with your view of the child				

Describe the family's contribution to the school community and their level of involvement.

We would appreciate comments and observations concerning this student's abilities, attendance, personal qualities, and special interests. We welcome any other information you think might be helpful in our understanding of this student.

Submitted by (please print name): _____ Date: _____

Phone number where we may reach you: _____

Email: _____ Signature: _____