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

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.

RECOMMENDATION FORM

Name of Student Applicant _____
First Middle Last

School Currently Enrolled in _____
School's Name School Address

Preparatory Level/s Completed in Current School (Check whichever applies.)
☐ Nursery ☐ Kinder 1 ☐ Kinder 2 ☐ Prep ☐ Others: (Pls. Specify) _____

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 *Good: 85-89 B* *Acceptable: 75-79 C*
Very Good: 90-94 B+ *Satisfactory: 80-84 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)** _____ ☐ **others: (specify)** _____
☐ **bronchitis** ☐ **hearing impairment (specify)** _____ _____
☐ **speech delay** ☐ **allergy (specify)** _____ ☐ **none**

Recommendation:

☐ Strongly Recommended
☐ Recommended
☐ Recommended with Reservation because _____
☐ Not Recommended because _____

_____ _____ _____
Signature over Printed Name Position Date