



# RECOMMENDATION FORM

Grade School Form

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade level Applying for: \_\_\_\_\_

**IMPORTANT:**

**Student-Applicant:** This form must be accomplished by your **class adviser**.  
 Please provide a legal size envelope.

**Person Recommending:** The person named above is applying for admission at Angeles University Foundation. Please accomplish this form carefully and place it in an envelope provided by the student-applicant.  
 This Form is confidential. Please seal and sign the flap of the envelope after accomplishing the form. **Envelopes which are unsealed and unsigned on the flap will not be accepted.** Thank You.

A. When did you teach the student? From \_\_\_\_\_ To \_\_\_\_\_

B. What Mental/School Ability Test was given to the applicant? Please specify:  
**Name of Test** \_\_\_\_\_ **Standard Score** \_\_\_\_\_ **Verbal Description/Classification** \_\_\_\_\_

C. Compared to all students this age that you have taught, please rate the applicant in the areas indicated.  
 Check the appropriate box for your answer.

Ability to:	Exceeds age development	Age appropriate	Needs development	Possible area of concern
1. work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. cooperate in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. use materials appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. show self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. handle new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. transition between tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. participate in physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. listen attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Is/Was the student under any medication/therapy? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 If yes, medication/therapy is for treatment of  Physical Ailments \_\_\_\_\_  
 (please specify in the blank)  Developmental/Learning Disabilities \_\_\_\_\_  
 Psychological Problems \_\_\_\_\_

E. Overall Recommendation. Please check one:  
 I strongly recommend the applicant for admission  
 I recommend the applicant for admission  
 I recommend the applicant for admission with reservation  
 Briefly state reason: \_\_\_\_\_  
 I do not recommend the applicant for admission  
 Briefly state reason: \_\_\_\_\_

RATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 Signature Over Printed Name  
 Telephone/Mobile numbers: \_\_\_\_\_ E-mail address: \_\_\_\_\_