



**SCHOOL RECOMMENDATION FORM**  
**Principal or Guidance Counsellor**  
**(Grade 1 to 11 applicants)**

**To the Applicant’s parents:** Please give this form to your child’s most recent Principal or Guidance Counsellor.

\_\_\_\_\_

Name of student	Current grade	Grade being applied for
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**To the Principal or Guidance Counsellor:** The information that you share in this form will help us effectively evaluate the application of the student named above and will be kept in strict confidence. Please submit the completed form to the parents in a sealed envelope or email a scanned copy to [admissions@everestmanila.edu.ph](mailto:admissions@everestmanila.edu.ph). Thank you.

Your name \_\_\_\_\_ Position/Title \_\_\_\_\_

School \_\_\_\_\_

Email address \_\_\_\_\_ Contact number \_\_\_\_\_

If we have additional questions, may we call you?  Yes, the best time to call is: \_\_\_\_\_  
 No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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School serves grades \_\_\_\_\_ to \_\_\_\_\_ Month your school year begins: \_\_\_\_\_ ends: \_\_\_\_\_

Curriculum or educational approach your school implements:  
 Philippine DepEd  American  IB  Cambridge  Other: \_\_\_\_\_  
(please specify)

How long have you known the student? \_\_\_\_\_

How well do you know the student?  Very well  A little  Not at all

What are the first three words that come to mind to describe this student?  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Overall average academic rating of the student: \_\_\_\_\_% Your school’s minimum passing grade: \_\_\_\_\_%

Student’s rank in class  Top 10%  Top 25%  Middle 50%  Lower 25%

Overall recommendation of this student based on academics:  
 Highly recommended  Recommended  With reservation  Not recommended

Overall recommendation of this student based on behavior:  
 Highly recommended  Recommended  With reservation  Not recommended

Please rate the student based on the criteria below and share any additional comments:

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
<b>ACADEMIC DEVELOPMENT</b>					
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effort/ Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>SOCIAL/EMOTIONAL DEVELOPMENT</b>					
Self – esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interaction with teachers/adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Involvement in school life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>HOME-SCHOOL COLLABORATION</b>					
Parent involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent perception compared with school’s understanding of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has the student been regularly promoted to the next grade at the end of each school year? Yes No

If the answer is no, please provide details:

Is the student passing all subjects this school year? Yes No

If the answer is no, please list the subject(s) that the student is failing:

Has the student received disciplinary action in your school? No Yes: Detention Probation Suspension

If yes, please provide details:

Have you observed any signs of learning difficulties (e.g. speech delays, difficulty reading/ writing?) or challenges in terms of social interaction? No Yes

If yes, please provide details:

Does this student have any significant strengths or abilities that may affect the student's school performance? No Yes

If yes, please provide details:

Are there any concerns with the student's attendance: No Yes: Tardiness Absences

If yes, please provide details:

Are you aware of any family circumstances that affect the student's life and attitude in school? No Yes

If yes, please provide details:

Please share any additional information that should be considered as part of our evaluation of this student that is not covered in this form:

**Thank you very much for your time and attention.**