



**RECOMMENDATION FORM B** *For incoming Grade 4-6 applicants*  
*To be accomplished by the Class Adviser/Counselor/Subject Teacher*

**To the Applicant's Family:** Type or write the information being asked below; then give this form to the Class Adviser/Counselor of your daughter with an envelope addressed to PAREF WOODROSE SCHOOL. Once it has been completed, please submit it to the Registrar's Office.

**Grade Level Applying for:** \_\_\_\_\_ **School Year Applying for:** \_\_\_\_\_

**Name of Student** \_\_\_\_\_  
as it appears on birth certificate                      Last Name                      First Name                      Middle Name

**Learner Reference Number** (Please don't leave this blank.): \_\_\_\_\_

**Name of Current School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Phone Number:** \_\_\_\_\_ **School Email:** \_\_\_\_\_

**A. To the Class Adviser/Counselor:**  
*The student, whose name appears above, is applying for admission to PAREF Woodrose School. Your objective evaluation of the student will be valuable in assisting us to evaluate her for admission to our school. We are interested in not only her academic potential, but also in her socio-emotional development and character.*

*Please accomplish this form and return to the applicant in a sealed envelope with your signature across the flap. Your evaluation and comments will be kept confidential. Thank you for your assistance!*

\_\_\_\_\_ **Name of Evaluator**

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

What are the first words that come to mind to describe the student?

**B. Areas of Strength or Abilities**

**b.1. Results of Standardized/Schoolwide Tests or Assessments (taken in the last two years)**

Name of Test	Purpose of Test	Rating/Result

**b.2. Academic Achievement: Please check the appropriate boxes.**

Subject Area	Exceeding Standards	Meeting Standards	Difficulty Meeting Grade Level Standards	N/A
Reading				
Language				
Math				
Science				
Religion				
Music				
Arts				
Physical Education				
Filipino				
Social Studies				

**b.3. Academic Skills: Please check the appropriate boxes.**

	Exceeding Standards	Meeting Standards	Difficulty Meeting Grade Level Standards	N/A
<b>A. Reading Skills</b>				
a.1. Grade level reading ability				
a.2. Reading fluency				
a.3. Reading comprehension				
<b>B. Writing Skills</b>				
b.1. Legibility of handwriting				
b.2. Accuracy of spelling, mechanics, and conventions				
b.3. Clarity and coherence of ideas in written composition				
<b>C. Mathematical Skills</b>				
c.1. Logical thinking and reasoning				
c.2. Problem solving skills				
<b>D. Oral Communication Skills</b>				
d.1. Receptive language ability				
d.1. Expressive language ability				
<b>E. Other Cognitive Skills</b>				
e.1. Organization Skills				
e.2. Attention Span				
e.3. Independence on Task Accomplishment				
e.4. Task completion (in assigned time/period)				

**b.4. Character Development: Please rate the student in the following areas.**

	Excellent	Very Satisfactory	Satisfactory	Needs Improvement	No Chance to Observe
Personal Grooming					
Physical Orderliness					
Depotment in Class and School Activities					
Respect for Authority					
Respect for Fellow Students					
Respect for School Property					
Preparedness for Classroom Activities					
Engagement in Learning Activities					
Diligence in Completing School Requirements					
Quality of Work Submissions					
Decision-Making Ability					
Conflict Resolution Skills					
Self- Regulation					
Obedience to School Rules and Regulations					
Spiritual Development					
Cheerfulness and Positivity					
Social Relationship with Peers					
Leadership Ability					
Self-Confidence					
Sensitivity and Responsiveness to Others' Needs					
Engagement in Socio-Civic Activities					

Has the student been subjected to any disciplinary action?  Yes  No

If yes, please explain. \_\_\_\_\_

I prefer to discuss the nature of the concern over the phone.

**C. Areas for Improvement**

c.1. Have you observed any signs of **academic** difficulties?  Yes  No  No Chance to Observe

If yes, kindly describe the observed difficulties: \_\_\_\_\_

c.2. Have you observed any signs of **behavioral** difficulties?  Yes  No  No Chance to Observe

If yes, kindly describe the observed difficulties: \_\_\_\_\_

c.3. Kindly check Yes or No if the child has received or is receiving the following learning accommodations:

Received/ receiving the ff:	Yes	No	Grade Level/s
Academic Tutorial			
Remedial			
Modified Instruction			
Pull-Out Sessions			
One-on-one Session with Teacher			
Testing Accommodations			
Strategic Seating Assignment			

**D. Class Standing:**  top 10 %  upper 25 %  middle 50 %  lower 25 %

**E. Class Size:**     1- 10 students     1- 20 students     Between 30- 40     more than 40

**F. How strongly do you recommend this student?**

- I strongly recommend her.
- I recommend with reservation.
- I do not recommend.

**Other Comments:**

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*By signing this form, I am certifying that all the information presented is complete and correct.*

\_\_\_\_\_  
**Name of Evaluator**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**Email Address**

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*Please do not write below this line.*  
**FOR MANAGEMENT COMMITTEE AND ADMISSIONS COMMITTEE ONLY.**

**Remarks:**

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