Kinder to Grade 2 Recommendation Form

_____	_____	_____
Last Name	**First Name**	**Middle Name**

Level applying for: _____ **Academic Year:** _____

To the Parent of the Student-Applicant: This form should be given to your child's current guidance counselor / class adviser who knows your child well enough to answer the following questions and fill out the necessary information.

To the Person Recommending: The student above is applying for admission to DLSZ. Please accomplish this form and email it directly to admissions@dlszobel.edu.ph using the format below for the email subject line. Thank you for your assistance.

Recommendation Form / Last Name, First Name / Level Applying For

I. On a scale of 1-5, how would you rate the applicant in terms of the following? Please check the corresponding column.

Personal Attributes	Outstanding 5	Very Good 4	Good 3	Fair 2	Poor 1	No Chance to Observe
1. Cognitive Ability						
2. Social-Emotional Skills						
3. Motor Skills						
4. Language and Speech Development a. Expressive b. Receptive						
5. Math Skills						
6. Reading Skills						
7. Study/Work Habits						
8. Conduct/Character						

Please state any additional information (personality, attitude, etc.) that best describe the applicant: _____

_____

II. Has the applicant taken any psychological tests? Please list them down below.

Name of Test	Date Taken	Result	Interpretation

III. For Grades 1 to 2 applicants, please check the box corresponding to the rank of the applicant in terms of his / her academic performance.

( ) Top 10% ( ) Top 25% ( ) Middle 50% ( ) Lower 25%

Approximate size of class: _____ **Special skills / talent:** _____

IV. Has the applicant received awards or recognition in school? _____

If so, indicate the subject or title of award. _____

V. Has the applicant ever been reported to have behavioral problems? (e.g. tardiness)

If so, state the details of the problem. _____

_____

VI. Please describe any special teaching or accommodations that have been provided to the applicant in the online class or at home: _____

_____

VII. Please share any significant information that would be useful for the Admissions Board to consider about the application of the student: _____

_____

VIII. Overall Recommendation:

_____ I highly recommend the student for admission.

_____ I recommend the student for admission.

_____I recommend the student for admission with reservation because _____

_____.

_____ I do not recommend the student for admission because _____

_____.

_____ Signature over Printed Name

_____ Date Accomplished

_____ Designation

_____ E-mail Address

_____ Contact Number

_____ Name of School

_____ School Address

DATA PRIVACY CLAUSE

All data included in this Recommendation Form shall be treated as confidential, processed in accordance with R.A. No. 10173 (Data Privacy Act of 2012) and used only in relation to the application of the student-applicant for admission to De La Salle Santiago Zobel School.