



MONTESSORI DE MANILA - DAVAO

Primary • Elementary Levels

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GUIDANCE CENTER

RECOMMENDATION FORM

For incoming Grades 1-6 applicants

To be accomplished by Class Adviser / Counselor / Subject Teacher

- I. **To the applicant's parent/guardian:** Kindly complete the required information in this form. This should be filled out by a class adviser, counselor, or subject teacher who knows the student well enough to provide accurate responses to the following questions and necessary details.

Name of Student: _____			
Last Name	First Name	Middle Name	
Birth Date: _____	Age: _____	Gender: _____	Citizenship _____
<i>mm/dd/yyyy</i>			
Name of Current School: _____			
School Address: _____			
Grade Level Applying for: _____		School Year Applying for: _____	

- II. **To the Class Adviser / Counselor / Subject Teacher:** The student named above is applying for admission to **Montessori De Manila-Davao**. Your objective evaluation of the student will be valuable in our screening process. Please complete this form and email it back to office.mdmd@montessoridemanila.edu.ph using the specified email subject format below. Thank you.

Email subject format: Recommendation Form - Last Name, First Name (Grade Level Applying for)

A. Please rate the applicant on the qualities listed below. Put a check (✓) mark.

PERSONAL ATTRIBUTES	Excellent	Above Average	Average	Below Average	Not Observed
SOCIAL					
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease in socializing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please add additional remarks in terms of the applicant's social attributes:					

ACADEMIC					
Skill in oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please add additional remarks in terms of the applicant's academic attributes:					

EMOTIONAL					
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability and flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please add additional remarks in terms of the applicant's emotional attributes:					

B. Areas for Improvement

Have you observed any signs of **academic** difficulty/difficulties? ___ Yes ___ No

If yes, kindly elaborate: _____

Have you observed any signs of **behavioral** difficulty/difficulties? ___ Yes ___ No

If yes, kindly elaborate: _____

Have you observed any conditions or concerns with the student's **well-being** that could negatively affect his/her academic participation? ___ Yes ___ No

If yes, kindly elaborate: _____

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

Type of Accommodation	Yes	No	In what grade level/s?
Academic Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	
Remedial Classes	<input type="checkbox"/>	<input type="checkbox"/>	
Testing Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	
Strategic Seating Assignment	<input type="checkbox"/>	<input type="checkbox"/>	
Others (Put N/A if none): _____			

C. Academic Performance

Applicant's academic standing relative to the entire class/section he/she belongs to:

Top 10% Top 25% Middle 50% Lower 25%

Class size: _____

Has the student received failing grades in school? ___ Yes ___ No

If yes, please indicate the subject/s and grade level/s: _____

Has the student ever been suspended or given any disciplinary sanction by the school? ___ Yes ___ No

If yes, please indicate the offense, disciplinary action, and date/s: _____

Comment/s: (Put N/A if none)

III. Overall Recommendation

How strongly do you recommend the student?	
<input type="checkbox"/>	Strongly Recommended
<input type="checkbox"/>	Recommended
<input type="checkbox"/>	Recommended with Reservation
<input type="checkbox"/>	Not Recommended

IV. **To the evaluator:** Kindly complete the additional information needed. *Please do not leave this part blank.*

Name: _____ Position / Designation: _____

Contact Number: _____ Signature: _____

Email: _____ Date accomplished: _____

Length of time acquainted with the applicant: _____

PLEASE AFFIX THE SCHOOL DRY SEAL HERE.