



**RECOMMENDATION FORM** **RA7.0-09**

**CONFIDENTIAL**

**To the Applicant:** Kindly fill out the personal data box below then give the form to your school's Counselor and Adviser. Please type or write in legible print.

<b>Applicant's Name</b>			
	<b>Last Name</b>	<b>Given Name/s</b>	<b>Middle Name</b>
<b>Current Level</b>			
<b>Name of School</b>			
<b>School's Address</b>			
<b>Telephone Numbers</b>		<b>E-mail</b>	

**To the Counselor/Adviser:**

This Recommendation Form is part of our school's prerequisite for admission to enable us to arrive at a more thorough evaluation of the applicant. Any other pertinent information which you may wish to provide us would be appreciated. Please be assured that all succeeding data contained herein shall be deemed confidential.

**In accomplishing this form:** Please feel free to attach additional paper/forms if deemed necessary. All erasures or corrections should be initialed to avoid tampering. Please affix the school's dry seal on each of the sheets before placing in a sealed and signed letter envelope. Address to:  
**MULTIPLE INTELLIGENCE INTERNATIONAL SCHOOL**

**LOWER SCHOOL / MIDDLE SCHOOL**  
 (Grades 1-8)  
**4 Escaler St., Loyola Heights, Quezon City,  
 1108 PHILIPPINES**

**UPPER SCHOOL DEPARTMENT**  
 (Grades 9-12)  
**Third Floor, Elizabeth Hall, Katipunan Avenue,  
 Loyola Heights, Quezon City, 1108 PHILIPPINES**

**I. STUDENT APPRAISAL (Please Check)**

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	APPLICANT'S ACADEMIC RANKING IN BATCH
<b>Intellectual Ability</b>						_____ Top 10% _____ Top 25% _____ Top 50% _____ Lower 25%  out of _____ number of students in the batch.
Math						
Science						
Literacy						
<i>Verbal</i>						
<i>Written</i>						
<b>Interpersonal Intelligence</b>						
Ability to work with others						
Social Relationships						
Concern for others						
Respect for others						
Leadership potential						
<b>Intrapersonal Intelligence</b>						
Ability to work independently						
Self-confidence						
Sense of responsibility						
Punctuality/promptness						
Initiative						
Self-motivation						
Study habits						

**II. ADDITIONAL INFORMATION (Please type or write in legible print)**

**RA7.0-09**

1. What are the applicant's strengths and potentials?	
2. What aspects can the applicant improve on?	
3. What are the applicant's interests?	4. How long have you known the applicant?
5. <b>FOR APPLICANTS OF GRADES 7-10 ONLY:</b> Given your observations of the applicant, what SHS track would you recommend? Rank 1-4 ___ GAS (General Academic Strand) ___ ABM (Accountancy, Business & Management) ___ HUMMS (Humanities & Social Sciences) ___ STEM (Science, Technology, Engineering & Mathematics)	Please state your reason for your ranking.
6. Does the applicant have any health problems (physical or psychological) that can hamper her academic and extra-curricular performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
7. Has the applicant ever been: Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in any other serious incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes to any of those mentioned in No. 7, please provide details.
8. Has the applicant shown leadership potential? Please specify in what ways.	
9. Has this student been given a psycho-educational evaluation and is he or she receiving any special education services and/or tutoring support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	
10. Have the student's parents been cooperative and supportive in working with the school? Please elaborate.	
11. Does the applicant's family meet payment schedules in a timely fashion? <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Rarely	

**III. RECOMMENDATION (Please Check)**

A. Highly Recommended		If Not Recommended, please specify:
B. Recommended		
C. Recommended with Reservation		
D. Not Recommended		
This is to certify that the child is of good moral character   _____ Signature over Printed Name of Counselor / Adviser		I hereby certify to the accuracy of the foregoing data   _____ Signature over Printed Name of Principal / School Head

**Not valid without the school's dry seal.**