

Recommendation Form

Candidate's Name _____ LAST _____ FIRST _____ MIDDLE _____ Current Grade _____

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is the class? _____

What course(s)? _____ Is the student on a block schedule? _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Is this English course part of an honors or accelerated English program? Yes No

How accurately does the candidate read and understand what they have read?

How well does the candidate write in comparison with other students that you have taught?
Please be specific about areas of strength and weakness

How well does the candidate accept advice or criticism?

THE BEACON ACADEMY

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Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught.

	EXCELLENT (TOP 10%)	GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort / Determination						
Ability to Work Independently						
Organization						
Creativity						
Class Participation						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty / Integrity						
Self-esteem						
Maturity (relative age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to the school community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application.

NAME (PLEASE PRINT)

TITLE

SCHOOL

E-MAIL ADDRESS

MAILING ADDRESS

Would you be willing to have us contact you for further information Yes No

SIGNATURE

DATE