

## Recommendation Form

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE Current Level \_\_\_\_\_

To the Evaluator: Please complete this form in confidentiality and send it to admissions@beaconacademy.ph.

How well do you know the applicant?  very well  a little  not at all

School serves grade levels: \_\_\_\_\_ How many students are in the entire grade level? \_\_\_\_\_

Number of students in the entire school: \_\_\_\_\_ Basic Education Program:  K-12  G1-G13  Others \_\_\_\_\_

In what months does your school year begin and end? \_\_\_\_\_ to \_\_\_\_\_

Are students placed in sections according to ability?  Yes  No

Please explain your school's grading system:

What is the passing mark? \_\_\_\_\_ Honors mark? \_\_\_\_\_

Does your school rank?  Yes  No Is your rank  Approximate  Exact

This applicant ranks \_\_\_\_\_ out of \_\_\_\_\_. Number of other students who share this rank: \_\_\_\_\_

If the applicant's attendance is not listed on the transcript, please indicate the number of days they have been absent or tardy this year while at your school. \_\_\_\_\_

**ADDITIONAL INFORMATION (Please explain any yes answers in more detail below)**

Question	Additional Information
Are you aware of any learning/ behavioral support that has been provided to this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any signs of learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any special education needs/ special concerns? For example: speech, language, health, and others. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this applicant received any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant ever been dismissed, suspended, placed on probation, or received other serious disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant ever withdrawn or was absent from school voluntarily for an extended period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this applicant failed any subject in the previous grade levels? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please evaluate the applicant in relation to other students of the same age/grade you have taught. Please check (✓) the appropriate box for each item.

	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 applicant is relatively weak or strong in any areas listed above, please elaborate.

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

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

Overall recommendation of this applicant:

Highly Recommended  Recommended  Recommended with Reservations  Not Recommended

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

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
SCHOOL ADDRESS

\_\_\_\_\_  
CONTACT NUMBER

Would you be willing to have us contact you for further information

through email  through phone

Yes  No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE