

Signature over printed name of teacher completing this form

Applicant's name

Please mark the appropriate boxes:

	Outstanding	Very Good	Good	Average	Below Average	No basis for judgment
Academic potential						
Actual academic performance						
Motivation						
Leadership potential						
Conduct/Department						
English Language Proficiency						
Writing						
Reading						
Speaking						
Listening						
Participation in School Activities						
Clubs and Sports						
Student Council						
Service to School/Community						
School Attendance	None	1 – 3	4 – 6	7 – 9	10 +	
Tardies						
Absences						

Please circle the words that you feel describe the applicant:

- | | | | | | |
|------------|--------------------|-----------|-----------------|-----------------|------------------|
| Angry | Confident | Follower | Irritable | Over-protected | Selfish |
| Anxious | Conscientious | Happy | Manipulative | Passive | Self-disciplined |
| Articulate | Disobedient | Helpful | Motivated | Perfectionist | Shy |
| Assertive | Easily discouraged | Honest | Negative leader | Positive leader | Social |
| Cheerful | Influential | Organized | Responsible | Vivacious | Well-liked |

We appreciate your comments and observations concerning this student. Please feel free to use additional paper.

How strongly do you recommend this student?

- | | Enthusiastically | Strongly | Fairly Strongly | Without Enthusiasm | Not Recommended |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| As a student: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a person: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall rating: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Parent involvement:	<input type="checkbox"/> Much	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely	<input type="checkbox"/> Not Involved	<input type="checkbox"/> Don't Know
Parent cooperation:	<input type="checkbox"/> Very Cooperative <input type="checkbox"/> Usually Cooperative <input type="checkbox"/> Not Cooperative				

Thank you for your assistance. You may return this completed form to the student in a sealed envelope, scan it and attach it to an email to the Registrar, or send it through courier.

Brent International School Baguio
c/o The Registrar's Office
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Baguio City 2600
Philippines

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