



CHEVALIER SCHOOL , INC.

McArthur Hi-way, Sto. Domingo, 2009 Angeles City

Telephone Nos.: 045 626-0569, 09691989477

09674064534

Website: www.chevalierschool.edu.ph

GRADE SCHOOL RECOMMENDATION FORM

Applicant's Name: _____
Last First Middle (Full)

School currently enrolled in: _____

Complete address of school: _____

Grade level being applied for:(please check) Grade1 Grade2 Grade3 Grade4 Grade5 Grade6

The student whose name appears above is applying for admission to Chevalier School, Inc. Your evaluation is an important part of the school admission process. The response given will be very useful in the assessment of the student. **This form is to be accomplished by the CLASS ADVISER.**

Characteristics and Traits (Please Check)	Always	Usually	Sometimes	Never
Shows respect and concern towards others				
Displays self-confidence				
Shows independence and initiative				
Demonstrates leadership skills				
Displays honesty and truthfulness				
Complies with school rules and regulations				
Exhibits punctuality and regularity of attendance				
Shows the ability to handle temper appropriately				
Shows the ability to concentrate in an individual / group task				
Displays good study habits				
Shows the ability of getting along well with others				

Academic Performance

_____ Excellent _____ Above Average _____ Average _____ Below Average

Has the student been involved in a serious disciplinary case? Please specify.

_____ No
_____ Yes, please specify.

Please specify any particular strengths and / or difficulties the student has.

Please specify any behavioral concerns about the applicant that may need teacher's attention:

- | | | |
|----------------------------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Restless | <input type="checkbox"/> Poor social skills | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Moves a lot | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Lack of or no eye contact | <input type="checkbox"/> None | |
| <input type="checkbox"/> others: (specify) _____ | | |

Behavior in Class / School

- | | | |
|---------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unsatisfactory |

Is the child fit to attend a traditional classroom setting?

Yes No

Recommendation:

- Strongly Recommended
 Recommended
 Recommended with reservation (state reason) _____
 Not Recommended

Name and Signature of Recommender: _____ Date: _____
Designation: _____
School affiliated: _____ Contact Number: _____

Note: Please return to the applicant in a sealed envelope with your signature across the flap. Thank you for your time.