



Cebu International School

P.O. Box 735, Pit-os, Cebu City, Philippines 6000

(+63 32) 888 1111 www.cis.edu.ph

RECOMMENDATION FORM

(for Grades 1 to 5 Applicants)

Name of Applicant: _____ Grade Level Applied: _____

To whom it may concern:

We wish to inform you that the child named above is seeking admission to Cebu International School (CIS), Pit-os, Cebu City, Philippines. CIS offers courses from Preschool 2 to Grade 12. Please complete this form, seal in an envelope and hand it to the parent/guardian. You may also scan and e-mail to tmontillano@cis.edu.ph, or fax to telephone number 63-32 261-0247 EXT 217.

Thank you very much for your cooperation and assistance.

The School Registrar

I – Please tick the box that best describes the student.

Key: E=Excellent; G =Good; S=Satisfactory; B=Below minimum requirement; NA=Not Applicable

	Excellent	Good	Satisfactory	Below Minimum Requirement	Not Applicable
ORGANIZATION					
Prepared for class: necessary materials					
Follows instructions					
Uses time effectively					
Meets deadlines					
Plans learning tasks effectively					
COMMUNICATION					
Listens with focus					
Asks questions to enhance learning					
Expresses ideas orally					
Expresses written ideas					
Presents using a variety of methods					
Attempts to cite sources					
TRANSFER					
Cooperates effectively in a team					
Uses inquiry strategies					
Uses problem-solving strategies					
Demonstrates research skills					
Makes connections					
ICT skills					
PERSONAL LEARNING					
Shows initiative					
Shows positive attitude towards learning					
Uses reflection to improve learning					
Responsible					
Respectful					

Is prepared to be a risk-taker					
Works independently					
Submits neat work					

II - Please answer the following questions briefly:

1. How long have you known this student? _____

2. He/She is eligible for promotion to _____

3. Are you aware of any additional learning or behavioral support that has been provided to this student or if a condition exists so that it may be required? (IEP, learning disability, counseling, etc.)

____yes; ____no Please explain below:

4. Additional comments about this child’s strengths and weaknesses, learning style, social skills, an/or personal qualities:

5. Has this student been involved in any major disciplinary action at your school? (e.g. suspension and other serious offences) Please cite incidents.

III – Please provide copies of any professional assessments.

May we contact you for further information? ____Yes ____No

Name: _____

Position: _____

Contact Information:

E-Mail: _____ Landline/Mobile Phone No. _____

Signature & Date Signed

*Affix school
seal here*