



# Cebu International School

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

(+63 32) 261 0247 [www.cis.edu.ph](http://www.cis.edu.ph)

## RECOMMENDATION FORM

(for Pre-School to Kindergarten 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 the Cebu International School (CIS), Pit-os, Cebu City, Philippines. CIS offers courses from Preschool 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](mailto:tmontillano@cis.edu.ph).

Thank you very much for your cooperation and assistance.

*The School Registrar*

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

**Key: C = Consistently; O = Often; S = Sometimes; R = Rarely; N = Not Observed**

	Consistently	Often	Sometimes	Rarely	Not Observed
<b>ORGANIZATION</b>					
Prepared for class: necessary materials					
Follows instructions					
Uses time effectively					
<b>COMMUNICATION</b>					
Listens with focus					
Expresses ideas orally					
Expresses written ideas					
Presents using a variety of methods					
Attempts to cite sources					
<b>TRANSFER</b>					
Able to cooperate in different situations					
Attempts inquiry strategies					
<b>PERSONAL LEARNING</b>					
Shows initiative					
Shows positive attitude towards learning					
Uses reflection to improve learning					
Responsible					
Respectful					
Is prepared to be a risk-taker					
Works independently					

### II – Please answer the following questions briefly:

1. He/she belongs to \_\_\_\_\_ level/class group that is composed of mostly:

- 3 year olds
- 4 year olds
- 5 year olds
- 6 year olds

2. He/She is eligible for promotion to \_\_\_\_\_

3. Describe the study habits, learning style, social skills and personal qualities of the student.

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4. Are you aware of any additional learning or behavioral support that has been provided to this student or any condition manifested that may require special support? (IEP, learning difficulty, reading support, counseling, etc.) \_\_\_\_\_. If YES, please explain.

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5. How well, for how long and in what capacity have you known the applicant?

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6. Will you recommend this student to our school?

\_\_\_ Highly recommended

\_\_\_ Recommended

\_\_\_ Recommended with some reservations

\_\_\_ Not Recommended

**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*