



CEBU INTERNATIONAL SCHOOL

Telephone Number: (6332) 261-0CIS or 261-0247

Connecting All Departments

webpage: 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 registrar@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: C = Consistently; O = Often; S = Sometimes; R = Rarely; N = Not Observed

| | Consistently | Often | Sometimes | Rarely | Not Observed |
|---|--------------|-------|-----------|--------|--------------|
| ORGANIZATION | | | | | |
| Prepared for class: necessary materials | | | | | |
| Follows instructions | | | | | |
| Uses time effectively | | | | | |
| COMMUNICATION | | | | | |
| Listens with focus | | | | | |
| Expresses ideas orally | | | | | |
| Expresses written ideas | | | | | |
| Presents using a variety of methods | | | | | |
| Attempts to cite sources | | | | | |
| TRANSFER | | | | | |
| Able to cooperate in different situations | | | | | |
| Attempts inquiry strategies | | | | | |
| 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 | | | | | |

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.

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.

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

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*