



To the Applicant's family: Please give this form to a recent main-subject classroom teacher.

\_\_\_\_\_ *Applicant's Name*                      \_\_\_\_\_ *Date of Birth*                      \_\_\_\_\_ *Current grade*                      \_\_\_\_\_ *Applying to grade*

**To the Teacher:** Information about this student will be valuable in assisting us to evaluate this student for admission to our school. Your evaluation and comments will be kept confidential. Thank you.

<input type="checkbox"/> I request you call me to discuss this applicant <b>Phone number:</b> _____	_____ <i>Name and Signature of teacher completing this form</i>	_____ <i>Subject/s you teach this student</i>
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*Email Address* \_\_\_\_\_ *How long have you known this student?* \_\_\_\_\_

*School Name* \_\_\_\_\_ *Country* \_\_\_\_\_

*School Website* \_\_\_\_\_ *School Phone* \_\_\_\_\_ *Date* \_\_\_\_\_

What are the first few words that come to mind to describe this student?

**Character and Personality Traits** Please check appropriate boxes:

<b>Conduct</b>	<input type="checkbox"/> outstanding in every respect	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> frequent disruption
<b>Leadership</b>	<input type="checkbox"/> much	<input type="checkbox"/> some	<input type="checkbox"/> little	
<b>Emotional maturity / stability</b>	<input type="checkbox"/> very mature	<input type="checkbox"/> average	<input type="checkbox"/> somewhat immature	<input type="checkbox"/> very immature
<b>Social relationship with peers</b>	<input type="checkbox"/> healthy cooperative relationships	<input type="checkbox"/> occasional minor problems	<input type="checkbox"/> relates poorly	
<b>Self-confidence</b>	<input type="checkbox"/> healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems overly confident	<input type="checkbox"/> needs much reassurance
<b>Integrity</b>	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> some reservations	<input type="checkbox"/> untrustworthy
<b>Sense of humor</b>	<input type="checkbox"/> highly developed	<input type="checkbox"/> appropriate	<input type="checkbox"/> poorly developed	
<b>Interaction with teachers / adults</b>	<input type="checkbox"/> is comfortable	<input type="checkbox"/> is dependent	<input type="checkbox"/> avoids contact	
<b>Participation in life of the school</b>	<input type="checkbox"/> outstanding	<input type="checkbox"/> contributor	<input type="checkbox"/> minor participation	

Additional comments:

Signature of teacher completing this form

Applicant's name

Academic Traits

Table with columns: Excellent, Good, Fair, Poor, Comments. Rows include: Academic potential, Academic achievement, Self-motivation, Effort / initiative, Study habits / organization of time and work, Intellectual curiosity, Attention span, Commitment to homework, Ability to follow directions, Ability to work independently, Ability to work in a group, Ability to express ideas orally, Ability to express ideas in writing, Attendance.

Does the student have any abilities or deficiencies not covered by the above categories? Yes\* [ ] No [ ]

Are you aware of any independent evaluations for physical, emotional, or academic reasons regarding the student? [ ] Yes\* [ ] No

Have you observed any signs of learning disabilities? [ ] Yes\* [ ] No

Does the student receive any special accommodations? [ ] Yes\* [ ] No

\*If yes to any of the above, please explain:

Empty rectangular box for explanation.

Please circle the words which you feel describe the applicant:

- angry, anxious, articulate, assertive, cheerful, confident, conscientious, disobedient, easily discouraged, influential, follower, happy, helpful, honest, organized, irritable, manipulative, motivated, negative leader, responsible, over-protected, passive, perfectionist, positive leader, vivacious, selfish, self-disciplined, shy, social, well-liked

How strongly do you recommend this student?

[ ] Enthusiastically [ ] Strongly [ ] Fairly Strongly [ ] Without Enthusiasm [ ] Not Recommended

Parent involvement: [ ] Much [ ] Usually [ ] Rarely [ ] Not Involved [ ] Don't Know

Parent cooperation: [ ] Very Cooperative [ ] Usually Cooperative [ ] Not Cooperative

You may return this completed form to the family in a sealed envelope, scan it and attach it to an email to the Admissions Secretary, or simply mail it. Thank you for your assistance! ☺

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