



To the Applicant's family: Please give this form to your child's 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 Phone number: _____	_____ <i>Printed name of teacher completing this form</i>	_____ <i>Signature</i>
Email Address _____ How long have you known this student? _____		
School Name _____ Country _____		
School Website _____ School Phone _____ Date _____		

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

Please check the appropriate boxes:
Social Development

	Usually	Sometimes	Seldom
Shares well			
Can be a friend			
Is imaginative			
Plays alone happily			
Cooperates at play			
Is supportive of peers			
Initiates play activities			
Has the capacity to lead			
Has the capacity to follow			
Uses materials purposely			
Seeks help when needed			
Is comfortable with adults			
Is mature for age / grade			
Exhibits good sense of humor			
Demonstrates self-control in class			
Demonstrates self-control on playground			

What frustrates this child?

Physical Development

	Outstanding	Age Appropriate	Needs Development
Speech Development			
Small muscle control and development			
Large muscle control and development			

Signature of person completing this form

Applicant's name

Pre-Academic Skill Development

Table with 3 columns: Outstanding, Age Appropriate, Needs Development. Rows include: Is curious, Is attentive, Is a self-starter, Completes tasks, Follows directions, Listens in a group, Expresses ideas well, Works cooperatively, Enjoys new challenges, Respects classroom routines, Is willing to try new activities, Exhibits problem solving ability, Contributes to group discussions, Demonstrates ability to focus on one task.

Please describe the student's development of:

basic reading skills

Empty text box for describing basic reading skills.

basic math skills

Empty text box for describing basic math skills.

Personal Characteristics: Please describe the student's personality, maturity, confidence, humor, etc...

Empty text box for describing personal characteristics.

- Have you observed any signs of learning disabilities? [] Yes* [] No [] Don't Know
Does he / she receive any special accommodations? [] Yes* [] No [] Don't Know

*If yes, please explain:

Empty text box for explaining if there are signs of learning disabilities.

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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