

Signature of person completing this form _____

Applicant's name _____

Please mark the appropriate boxes.

No Basis for Judgement	Outstanding	Very Good	Good	Average	Below Average
<input type="checkbox"/> Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Actual Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conduct / Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language Proficiency					
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in School Activities					
<input type="checkbox"/> Clubs and Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Student Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service to School / Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance					
<input type="checkbox"/> Tardies	none	1 - 3	4 - 6	7 - 9	10+
<input type="checkbox"/> Absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle the words which you feel describe the applicant:

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

We appreciate your comments and observations concerning this student. Please feel free to use additional paper.

How strongly do you recommend this applicant?

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm	Not Recommended
As a student:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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