



St. Scholastica's College Westgrobe

Ayala Westgrove Heights, Silang, Cavite
 Tel. Nos: (046) 511-04-24/21 FAX No: (046) 511-04-22/23
 Email: sscwregistrar@gmail.com Website: www.sscw.edu.ph

Recommendation Form for KINDERGARTEN Applicants

TO: The Principal / Teacher

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicant whose name appears below. This recommendation should be mailed or if handcarried, the envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in **STRICT CONFIDENCE**.

NAME OF APPLICANT _____

Last

First

Middle Name

How long and in what capacity have you known the applicant? _____

Using the scale below, please rate the applicant as realistically as you can.

- NT** – Not Taken **S** – Satisfactory
NI – Needs Improvement **HS** – Highly Satisfactory

	NT	NI	S	HS
1. Knows the letters of the alphabet.				
2. Knows the sounds of the alphabet.				
3. Can read simple words.				
4. Can read simple phrases.				
5. Can read simple sentences.				
6. Can answer comprehension questions.				
7. Can talk about pictures or experiences.				
8. Can copy from a given sample.				
9. Can trace simple patterns.				
10. Can write her name.				
11. Can write numbers.				
12. Can copy designs or figures.				
13. Can add parts to an incomplete person, animal or object.				
14. Can complete opposite analogy statements (Ex. Brother is to boy and sister is to _____.)				
15. Can use "bigger, slower or heavier" correctly.				
16. Can understand ideas expressed in words.				
17. Can follow directions.				
18. Can identify numbers.				
19. Knows the concept of <i>more than</i> or <i>less than</i> .				
20. Respects the rights and property of others.				
21. Can relate well with others.				
22. Is independent.				
23. Is emotionally stable.				

In a class of _____ students, where would you rank her academically?

- Top 10% Middle 50%
 Upper 25% Lower 25%

What are the strengths of the applicant? _____

What area does the applicant need to improve on? _____

The applicant can express herself in: English Tagalog Both

Is the applicant ready for **KINDER 2**? Yes No Not sure

Would you recommend the acceptance of the applicant to our school?

- Yes, I strongly recommend her. Yes, I recommend her.
 No, I do not recommend her. I recommend her with reservation.

NAME: _____ **POSITION:** _____

SIGNATURE: _____ **TELEPHONE #:** _____

CURRENT GRADE OF THE STUDENT: _____

SCHOOL _____

COMPLETE ADDRESS OF SCHOOL: _____

PLEASE SEND DIRECTLY TO:

**THE ADMISSIONS OFFICE:
ST. SCHOLASTICA'S COLLEGE WESTGROVE
Ayala Westgrove Heights, Silang, Cavite**



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Recommendation Form for KINDERGARTEN Applicants

TO: The Counselor

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicant whose name appears below. This recommendation should be mailed or if hand carried, the envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in **STRICT CONFIDENCE**.

NAME OF APPLICANT _____
Last First Middle Name

Age _____ Grade Level _____ Name of School _____

Level applying for _____ Address of School _____

How long have you known the applicant? _____

Psychological Test Profile (taken during the last two years)

Intelligence Test: Date taken _____ DIQ _____ Classification _____ Stanine _____

Date taken _____ DIQ _____ Classification _____ Stanine _____

Achievement Test: Date taken _____ Gr. equivalent _____ Classification _____ Stanine _____

Date taken _____ Gr. equivalent _____ Classification _____ Stanine _____

Others: _____

Please rate the applicant on the following characteristics:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Emotional Stability					
Honesty and Integrity					
General Conduct					
Motivation					
Leadership Qualities					
Obedience to School Rules					
Work Habits					
Attendance & Punctuality					

What are the strengths of the applicant? _____

What area does the applicant need to improve on? _____

Has the applicant been subjected to any disciplinary action?

Misconduct: yes no Academic problem? yes no

If yes, please explain.

On the space below, please write some information which will help us in providing the best possible assistance to the applicant, once admitted to SSC-W: _____

Please state reason for transfer for another school. _____

Would you recommend the acceptance of the applicant to our school?

Yes, I strongly recommend her. Yes, I recommend her.

No, I do not recommend her. I recommend her with reservation.

NAME _____ SIGNATURE _____

POSITION _____ TELEPHONE NO.: _____

PLEASE SEND DIRECTLY TO:

THE ADMISSIONS OFFICE:
ST. SCHOLASTICA'S COLLEGE WESTGROVE
Ayala Westgrove Heights, Silang, Cavite