



LAGUNA BELAIR SCIENCE SCHOOL

(formerly Laguna BelAir School)

City of Santa Rosa, Laguna

ADMISSIONS OFFICE

**RECOMMENDATION FORM
(FOR PRESCHOOL APPLICANTS)**

STUDENT'S NAME _____
LAST **FIRST** **M.I.**

To the ADVISER/TEACHER: The student whose name appears above is applying for admission to Laguna BelAir School. We value your honest evaluation and careful judgment. After filling out the form completely, please seal it in an envelope, sign the flap and **RETURN IT TO THE APPLICANT'S PARENT/S**. Unsealed and unsigned forms will not be accepted. Rest assured that all information will be kept confidential. Thank you for your assistance.

GENERAL EVALUATION (Please put a check mark.)

	Above Average	Average	Below Average	No chance to observe
General Appearance				
Amount of physical activity				
Clarity of expression & speech				
Motor skills & writing				
Knowledge of basic facts about him/herself				
Knowledge of nursery rhymes & the alphabet				
Knowledge of numbers and counting				
Knowledge of objects & pictures				
Knowledge of shapes & colors				
Knowledge of body parts & sizes				
Artistic ability & Creativity				
Honesty and Respect				

Are there any special precautions to be observed by the school regarding the student?

Do you have any suggestions regarding the student which might be helpful to the school? Please do not leave this blank. (Your honest evaluation of the applicant will help people in the Admission Office to decide on his/her application (academic performance, personality strengths and weaknesses, concern for others and the school).)

OVER ALL RECOMMENDATION (Please check one.)

_____ Strongly recommended for admission _____ Recommended with reservation for admission
_____ Recommended for admission _____ Not recommended for admission

Evaluated by: _____ **Position:** _____
School: _____ **Contact No.** _____ **Date:** _____