
Signature of teacher completing this form

Applicant's Name

Additional Comments:

How many days per week does this child attend your program? _____

What is the length of the session? _____

How would you describe this child's **temperament**?

What activities does this child especially enjoy?

Please describe the quality of this child's interactions with peers. Does he/she play with children of both genders? Does he/she show a preference for group or individual activities?

Please comment briefly on any **strengths**:

Please comment briefly on any **concerns**:

Please comment briefly on any **health issues** (diet, medication, etc.):

Have you observed any signs of learning disabilities? Yes* No Don't Know

Does student receive any special accommodations? Yes* No Don't Know

*If yes, please explain:

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

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

Brent International School Manila
c/o Admissions
Brentville Subdivision
Barangay Mamplasan
Binan, Laguna
4024 Philippines

Phone: (63) (49) 511-4330
(63) (2) 697-9043
Email: etorres@brent.edu.ph
Web: www.brent.edu.ph