**ACADEMIA PROGRESIVA DE MANILA**

preparing your child for life.

62 San Rafael St. Brgy. Plainview, Mandaluyong City, Philippines

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**REFERRAL FORM**

Dear Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of child) has applied for admission to the Academia Progresiva de Manila, an educational institution duly accredited by the Department of Education. The applicant named above has chosen you as an academic evaluator. We shall be pleased if you could accomplish the questionnaire below to help us better assess the capability of the applicant. We thank you and highly appreciate your honest remarks.

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| --- | --- | --- | --- | --- | --- |
| **REFERRAL QUESTION** |  | | | | |
| 1) How long have you known the  applicant, and as what? |  | | | | |
| 2) How did you come to know the  applicant? |  | | | | |
| 3) Please comment on the applicant’s  overall behavior. |  | | | | |
| 4) Please assess (by checking) the applicant in the following competencies: | | | | | |
| **Competencies:** | **Outstanding**  **(5)** | **Very Good**  **(4)** | **Good**  **(3)** | **Fair**  **(2)** | **Poor**  **(1)** |
| a. Critical Thinking |  | | | | |
| b. Classroom / Work Performance |
| c. Communication Skills |
| d. Written Language Competency |
| e. Oral Language Competency |
| f. Reading Comprehension |
| g. Arithmetic Skills |
| h. Adaptive / Daily Living Skills |
| j. Gross Motor Skills |
| k. Fine Motor Skills |
| i. Following Instructions |
| OVERALL PERFORMANCE |
| **FURTHER COMMENTS** | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| *Evaluator Printed Name* | *Tel. No./Fax/Mobile No. (for verification purposes)* |
|  |  |
| *Position* | *E-mail address* |
|  |  |
| *Name of Institution / School* | *Date* |
|  |  |
| *Address* | *Signature* |
|  |  |