



CONFIDENTIAL RECOMMENDATION FORM - Preschool & Kindergarten

Name of Applicant: _____ Date: _____ Current Grade Level: _____

Instructions for Completing the ISM Confidential Recommendation Form

- The student who is named above has applied for admission to International School Manila (ISM), Philippines. ISM is an inclusive, independent, international school for expatriate and globally mobile students.
- The student's parents have signed a digital waiver on the ISM online application form allowing exchange of information to and from ISM and the student's current and previous schools, as well as the release of all student records. Please answer all questions on this form. Mark N/A if the question does not apply.
- You may complete the form collaboratively with colleagues, however, you will be the primary reference ISM Admissions will contact in case more information is needed.
- The insights you provide will help us determine how best to support this child's learning and social-emotional needs. Feel free to add additional information as necessary. We value your input and assure you that all information will be kept confidential.
- Thank you in advance for taking the time and effort to complete this recommendation.

Please email this form directly to the Director of Admissions at International School Manila:
admissions@ismanila.org

Social-Emotional Development According to Same-Age Peers

ND = Needs Development ● AA = Age Appropriate ● EE = Exceeds Age Expectations ● N/A = Not Applicable

Learning Skills and Dispositions	ND	AA	EE	N/A
Cooperates with others				
Initiates play activities				
Takes turns with classroom materials				
Uses materials purposefully				
Exhibits curiosity				
Forms positive relationships with adults				
Demonstrates age appropriate life skills				
Exhibits some self-regulation skills (naming emotions, deep breathing, persisting, inhibitory/impulse control, etc...)				

Stages of Play

Please check the appropriate box that matches the stage of play that this child most often accesses within the classroom environment. Typically the stages of play develop in a linear fashion.

Stage	<input type="checkbox"/> Stage 1 - Unoccupied Play	<input type="checkbox"/> Stage 2 - Solitary Play	<input type="checkbox"/> Stage 3 - Onlooker Play
Definition	Unoccupied play can be observed from the earliest months in life. It is defined as sensory activities that lack focus or narrative.	Solitary play involves a child playing alone and with little interest in toys outside of their immediate vicinity. It is more sustained and focused than unoccupied play.	The child watches and observes other children play, but will not play with them. They will often sit within earshot so they can hear other children's play conversations.
Some Possible Examples	-A child picking up, shaking, then discarding objects in their vicinity. -A child hitting and giggling at a play mobile in a cot.	-Two children playing with their toys, but never looking at or showing any interest in each other. -An older child going for a walk through the park, exploring their surroundings.	-Younger children in a multi-age classroom will observe older children at play, but not get involved in the big kids games. -A child watching others play without getting involved due to hesitation.

Stage	<input type="checkbox"/> Stage 4 - Parallel Play	<input type="checkbox"/> Stage 5 - Associative Play	<input type="checkbox"/> Stage 6 - Cooperative Play
Definition	The child plays alongside or near to others, but does not play with them. They do not share the same game play or goals while playing alongside someone else.	The child starts to interact with others during play, but there is not much cooperation required. Children begin to take turns, acknowledge, copy and work with one another. They do not yet share common goals.	The child plays with others and has interest in both the activity and the other children involved in playing. They will have the same goals, assign one another roles, and collaborate to achieve their gameplay goals.
Some Possible Examples	-A brother and sister play with the same lego set, but make different buildings. -Children share brushes and paints, but paint on different canvases.	-Children asking one another questions about their play, what they are doing and how they are doing it. They are working on different tasks. -Negotiating resources when there are not enough for everyone.	-Children imagining that they are characters and acting out storyline. -Children building a village or town together and planning what it will look like.

Physical Development According to Same-Age Peers

ND = Needs Development ● AA = Age Appropriate ● EE = Exceeds Age Expectations ● N/A = Not Applicable

Skill Area	ND	AA	EE	N/A
Fine motor control and coordination				
Gross motor control and coordination				
Pencil Grip				
Eats in a healthy and balanced way				
Has sustained energy throughout the day				

Pre-Academic Skills According to Same-Age Peers

ND = Needs Development ● AA = Age Appropriate ● EE = Exceeds Age Expectations ● N/A = Not Applicable


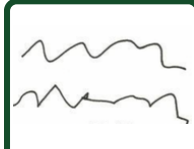


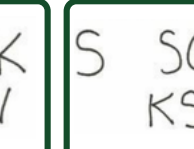
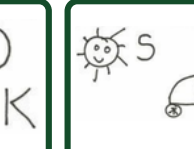
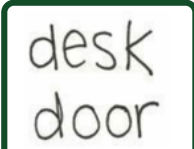
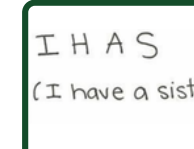

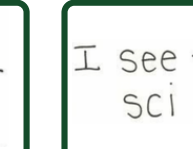


Skill Area	ND	AA	EE	N/A
Is attentive and listens carefully				
Listens in a group				
Follows directions				
Follows classroom routines				
Contributes to discussions				
Expresses thoughts with a clear message				
Expresses thoughts in sentence form or with bigger phrases				
Completes tasks				
Shifts from one activity to another easily				
Takes initiative and starts tasks				
Exhibits problem-solving skills				

Reading Level

What is the child's current reading level? (i.e., Level C - Fountas and Pinnell)? If the child is a pre-reader, please do not answer.

Writing and Spelling Level

Please check the appropriate box that matches the child's writing/developmental spelling level.

 1. Scribble Stage (Starting point any place on the page) <input type="checkbox"/>	 2. Scribble (Left to right progression) <input type="checkbox"/>	 3. Mock Letters (Can be personal or conventional) <input type="checkbox"/>	 4. Letter String (Left to right and progressively downward) <input type="checkbox"/>	 5. Groups of letters with space in between to resemble words <input type="checkbox"/>	 6. Picture Labeling (Matching beginning letter to sound) <input type="checkbox"/>
 7. Copies Environmental Print <input type="checkbox"/>	 8. Uses first letter of a word to represent the word <input type="checkbox"/>	 9. Uses beginning letter and ending letter to represent the word <input type="checkbox"/>	 10. Hears Medial Sounds (Writes word with beginning, medial and ending letters) <input type="checkbox"/>	 11. Phase Writing <input type="checkbox"/>	 12. Whole Sentence Writing <input type="checkbox"/>

Intervention/Support Services

C = Currently ● P = Previously ● R = Recommended ● N/A = Not Applicable

Service	C	P	R	N/A
English as an Additional Language (EAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Learning Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified as Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Educational Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information regarding the frequency of services offered and general context with regard to the areas of need.

Separate to formal intervention/support services, are there any classroom accommodations that have been particularly helpful for this student?

Social-Emotional and Child Safeguarding

Question	Yes	No
Has the student missed more than 15 days of school in an academic year?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student's behavior been identified as regularly unsafe to others?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student received disciplinary action from the school (i.e. suspension, probation, removal from school)?	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge, have there been any child safeguarding concerns about this student or their family?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any custody arrangements or concerns that the school will need to be aware of or consider?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student in good standing and eligible to re-enroll in your school for the next grade level?	<input type="checkbox"/>	<input type="checkbox"/>

If you've answered 'yes', please provide additional context to that area of need in the box below or check the following box if you prefer to be contacted by phone: YES, please contact me by phone

Phone Number: _____ Best time to call (your time zone): _____

Reference Insights

Are you collaborating with another professional to fill in this form? How long have you, or other professionals completing the form with you, known the student and in what capacity?

Please discuss the child's personal qualities, strengths, special talents and growth areas.

Please note any family considerations that may impact the student's learning.

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Overall Recommendation

Question	Recommended with Full Confidence	Recommended	Recommended with Concern
Considering all of the information you shared, how do you recommend this applicant for admission to International School Manila? Please check one option.			

Name: _____	Position: _____
Email: _____	How long have you known the student? _____
School Name: _____	School Location (City, Country): _____
Signature: _____	Date: _____
Alternative Contact: _____	