



CONFIDENTIAL COUNSELOR RECOMMENDATION FORM - Grades 5 to 12

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

Instructions for the Counselor 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 and check the appropriate boxes. Mark N/A if the question does not apply.
- 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

O = Never ● 1 = Occasionally ● 2 = Usually ● 3 = Always ● N/A = Not Applicable

Learning Skills and Dispositions	0	1	2	3	N/A
Successfully uses conflict resolution skills in social settings.					
Exhibits the capacity to take perspective.					
Is willing to take risks and try new things.					
Seeks help when needed.					
Respectful and courteous toward children and adults.					
Can focus, attend and manage distractions.					
Can reflect on their own actions and hold themselves accountable.					
Shows self-regulation skills (i.e. naming emotions, deep breathing, persisting, impulse control).					

Intervention/Support Services

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

Services	C	P	R	N/A
English as an Additional Language (EAL)				
Formal Learning Support Services				
Occupational Therapy				
Physical Therapy				
Speech and Language Therapy				
School Counseling				
External Counseling				
Behavior Management Plan				
Identified as Gifted and Talented				
Comprehensive Educational Assessment i.e. PsychEd				

Does this student to your knowledge have any other historical and/or physical health considerations?
Please give details:

Social-Emotional and Child Safeguarding

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

Please provide any additional information.

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

Please 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): _____

For further context, can you highlight any student strengths, characteristics, and/or notable points for recommendation.

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: _____	