



Recommendation Form

(To be filled out by the Guidance Counselor)

Kindly fill out all fields, put N/A for those that do not apply to you.

SCHOOL YEAR: _____

NAME OF THE APPLICANT: _____

LEVEL APPLYING FOR: _____

NAME OF SCHOOL: _____

STUDENT PROFILE

QUARTER / TRIMESTER	Excellent	Above Average	Average	Below Average	Poor	No Basis
Leadership potential						
Degree of maturity befitting his age						
Attendance record						
Expression of ideas and information confidently and creative use of various forms of communication						
Self-Confidence: faces unfamiliar situations and challenges with courage; willing to explore new ideas, and strategies; shows initiative						
Takes Responsibility for his own actions and the consequences that go with them						
Interpersonal Skills: is able to work willingly and effectively with a group						
Study Habits: shows independence in learning						
Is able to conduct research independently						
Has in-depth knowledge and understanding across a wide and balanced range of disciplines						
Applies thinking skills critically and creatively						
Makes decisions based on moral values						
Acts with integrity and honesty						
Has a strong sense of fairness, justice and respect for others						
Shows appreciation for his own culture and family						
Is open to the ideas, points of views, values and traditions of others						
Shows empathy, compassion and respect towards the needs and feelings of others						
Has a personal commitment to service						



STUDENT PROFILE

QUARTER / TRIMESTER	Excellent	Above Average	Average	Below Average	Poor	No Basis
Places importance on personal well-being and that of others						
Gives thoughtful consideration to own learning						
Is aware of own strengths and weaknesses						
Gives importance to personal development						

1. Please answer the following questions briefly:

a. What do you consider to be the applicant's talents or strengths?

b. What do you consider to be the applicant's weaknesses?

c. Has the applicant ever been subjected to disciplinary action, misconduct or academic deficiency?

YES NO If YES, please explain why: _____

2. Over-all Recommendation

Strongly recommended Recommended Recommended with reservation Not recommended

Details of the person accomplishing this report:

Printed Name: _____

Signature: _____

Position: _____

Date: _____

Please affix school dry seal here:

Thank you for completing this student's recommendation to our School. Please seal this form in an envelope and sign on the flap. Return to the student for submission to our office. All ratings, responses and recommendations in this form are regarded as confidential.