



**RECOMMENDATION FORM**  
( To be filled out by the Guidance Counselor )

NAME OF STUDENT : \_\_\_\_\_  
( LAST FIRST MIDDLE )

NAME OF SCHOOL : \_\_\_\_\_

CURRENT SCHOOL YEAR : \_\_\_\_\_

**TO THE COUNSELOR** : THE EVALUATION OF THE STUDENT CANNOT BE COMPLETED WITHOUT THIS RECOMMENDATION. PLEASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION THAT COULD HELP US IN OUR EVALUATION.

APPRAISAL OF THE STUDENT. Please check corresponding box.

		EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Intellectual Ability						
2. Study Habits						
3. Communication Skills	Oral					
	Written					
4. Emotional Maturity						
5. Motivation						
6. Initiative						
7. Adaptability						
8. Concern for Others						
9. Integrity						
10. Sense of Responsibility						
11. Punctuality						
12. Leadership Potential						
13. Reaction to Setback						
14. Respect accorded by Teachers						
15. Respect Accorded by Peers						

Applicant's academic ranking in the graduating batch/current year level

Top 10

Upper 25%

Middle 50%

Lower 25%

**Please answer the following:**

1. What do you consider to be the applicant's strengths and potentials?
2. In what areas can the applicant improve on?
3. Has the applicant ever been involved in any serious disciplinary cases ( such as cheating, stealing, cutting classes, etc.) ? Please describe.
4. Does the applicant have any physical or psychological problems that can hamper her academic and extra-curricular performance? Yes or No. If yes, please explain.
5. Is there any additional information that could help us in assessing the student? If yes, please indicate in the space below.

**RECOMMENDATION**

A. Strongly Recommended

B. Recommended

C. Recommended with Reservation

D. Not Recommended

(Please state reason/s )

(Please state reason /s )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Counselor : \_\_\_\_\_ Signature : \_\_\_\_\_

Office Address : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Name of Principal : \_\_\_\_\_ Signature : \_\_\_\_\_

Office Address : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

After accomplishing this form, please fold and place in a sealed envelope. Please sign on the flap and return to the student for submission to our office.

*Please affix school dry seal here.*