RECOMMENDATION FORM for Student Applicants: To be filled out by the Guidance Counselor/Adviser

NAME OF STUDENT _____________________________________________

Family Name   Given Name   Middle Name

Name of Last School ____________________________________________

School Address ____________________________ Tel. No. ____________

Grade Applying for _______________________

To The Guidance Counselor/Adviser:

The student whose name appears above is applying for admission to MIRIAM COLLEGE GRADE SCHOOL. Your thorough evaluation will help the Admissions Committee in making final selections for admission. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality.

The Applicant’s Qualities

Please assess the applicant by checking the appropriate boxes.

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<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Ability to learn</td>
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<td>Intellectual capacity</td>
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<td>Ability to work independently</td>
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<td>Ability to work with others</td>
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<td>Communication Skills</td>
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<td>Self-confidence</td>
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<td>Social Relationship</td>
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<td>Self-discipline</td>
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The Applicant’s Performance

Based on the entire batch, the applicant belongs to:

☐ Top 10 %  ☐ Upper 25%  ☐ Middle 50%  ☐ Lower 25%

1. Has the applicant been involved in any disciplinary cases? ___ Yes ___ No
   If yes, please describe
   ____________________________________________________________
   ____________________________________________________________

2. What do you consider to be the applicant’s strengths?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. In what areas can the applicant improve on?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Has the applicant had any family/peer problem(s) that may have had an effect on the student? ___ Yes ___ No
   If yes, please describe
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

OVERALL RECOMMENDATION (please check one)

☐ Strongly recommended  ☐ Recommended w/ reservation
☐ Recommended  ☐ Not Recommended

How long have you known the applicant? ______________________________________

Printed Name: _____________________________  Please affix School Designation: _______________________________
Signature: ________________________________  Dry seal here
Contact No.: _______________________________
Date: ____________________________________

Thank you for completing this recommendation form. Please return this form in a sealed envelope with your signature across the flap. Should there be need for clarification, please do not hesitate to contact us at tel. Nos. 580-5400 to 31 local 3212.