



**RECOMMENDATION FORM**

Name of Student : \_\_\_\_\_ Grade/Year \_\_\_\_\_

**To the Adviser/Professor /Guidance Counselor:**

Your student is applying in our school for the academic year \_\_\_\_\_. May we ask for your assistance in evaluating the applicant’s behaviour and academic performance in your school. Rest assured that your assessment will be treated with outmost confidentiality.

Kindly enclose this form in a legal size envelope, sealed with your signature across the flap.  
Thank you for your cooperation.

Please check the appropriate box:

| CRITERIA                             | Excellent | Above Average | Average | Below Average | No Basis |
|--------------------------------------|-----------|---------------|---------|---------------|----------|
| 1. Academic Ability                  |           |               |         |               |          |
| 2. Oral communication skills         |           |               |         |               |          |
| 3. Written communication skills      |           |               |         |               |          |
| 4. Social Awareness                  |           |               |         |               |          |
| 5. Concern for others                |           |               |         |               |          |
| 6. Relationship with peers           |           |               |         |               |          |
| 7. Emotional stability               |           |               |         |               |          |
| 8. Attitude towards authority        |           |               |         |               |          |
| 9. Leadership abilities              |           |               |         |               |          |
| 10. Involvement on school activities |           |               |         |               |          |

Tests take (to be filled by the Guidance Counselor):

| Type of Test | Name of Test | Date Administered | Result/Findings |
|--------------|--------------|-------------------|-----------------|
|              |              |                   |                 |

How long has the applicant been a student in your school? \_\_\_\_\_

Has the student ever been subjected to any disciplinary action? ( )Yes ( )No

If yes, please explain the case/s and the resolution intervention made by your school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the student show any improvement after the resolution/improvement? ( ) Yes ( ) No

How? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give us your general assessment of the student:

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**Over-all recommendation:**

\_\_\_\_\_ Strongly recommend  
\_\_\_\_\_ Recommended

\_\_\_\_\_ Recommended with reservation  
\_\_\_\_\_ Not recommended (please state reason)

Accomplished by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Signature of Guidance Counselor

\_\_\_\_\_ Date: \_\_\_\_\_  
Name and Signature of Adviser/Teacher/Professor

Name of Principal/Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School/ Address : \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Affix school dry seal here