



RECOMMENDATION FORM

Last Name _____ **First Name** _____ **Middle Name** _____ **Suffix (Jr.,III)** _____

Gender: _____ **Grade/Program/Specialization Level Applying for:** _____

The person named above is applying for admission to Don Bosco College for the academic year: _____

TO THE AUTHORIZED PERSON (Class Adviser and/or Guidance Counselor):

Please fill out this form completely in order to help us assess the application of the student. All responses shall be kept confidential.

1. How will you rate the applicant in terms of the following:

	VERY GOOD	GOOD	FAIR	POOR
Classroom Participation and cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability in new situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills: Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills: English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills: Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills: English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the applicant distinguished himself/herself with honors or awards this school year or last year? Please enumerate, if any. N/A if none.

3. Has the applicant been placed on probation during his/her stay in your school? Place a check in the appropriate box.

Academic Disciplinary Not Applicable

4. If your answer above is either Academic, Disciplinary or Both, please explain your answer briefly:

5. How would you rank him/her in terms of academic performance in his class/section?

Top 10% Top 25% Upper 50% Lower 50%

6. Number of students in class/section: _____

7. If he belongs to the graduating batch, what would his academic standing be?

Top 10% Top 25% Upper 50% Lower 50%

8. Number of graduating students: _____

9. Overall recommendation

- I strongly recommend him/her for admission.
- I recommend him/her for admission with some reservation.
- I recommend him/her for admission.
- I do not recommend him/her for admission.

Signature over printed name and Designation

Date

Noted by:

Principal/Dean

(Signature over printed name and date)

Guidance Counselor

(Signature over printed name and date)

Name of the Current School: _____

Address: _____ **Contact No.:** _____

PLEASE SEAL THIS EVALUATION IN A LETTER ENVELOPE WITH YOUR SIGNATURE ON THE FLAP BEFORE RETURNING IT TO THE APPLICANT.