



RECOMMENDATION FORM

(To be filled out by the Adviser/Guidance Counselor)

NAME OF APPLICANT: _____
Last First Middle

Level Applying for: _____ Name of School: _____

School Address & Tel No.: _____

1. Appraisal on the qualities of student

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NO BASIS
Over-all Intellectual Ability						
Oral Communication Skills						
Written Communication Skills						
Analytical/Quantitative Skills						
Maturity						
Motivation/Initiative						
Self-Confidence						
Sense of Responsibility						
Interpersonal Skills						
Study Habits						
Punctuality & Attendance						

2. Please answer the following questions briefly:

- What do you consider to be the applicant's talent or strengths?
- What do you consider to be the applicant's weaknesses?
- Has the applicant ever been involved in serious disciplinary cases? (i.e. cheating, stealing, etc.) Please describe.
- Should the applicant decide to go back to your school, will you still accept her/him? Why?

3. In your professional judgment, what rank does the applicant belong to in terms of academic performance? Please place a check mark in the box corresponding to the rank of the applicant.

- In his/her class/section:
 - Top 10%
 - Top 25%
 - Top 50%
 - Below 50%
- In his/her grade level:
 - Top 10%
 - Top 25%
 - Top 50%
 - Below 50%

Number of students in class/section: _____ Number of students in the grade level: _____

4. OVER-ALL RECCOMENDATION

- Strongly Recommended
- Recommended
- Recommended with reservation
- Not Recommended

Name of person accomplishing this report:

Printed Name: _____

Signature: _____

Position: _____

Date: _____

Please affix dry seal here:

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