



St. Paul College Pasig  
Guidance Center

RECOMMENDATION FORM

(To be filled out by the Guidance Counselor)

Name of Applicant: \_\_\_\_\_  
Last First Middle

Level Applying for: \_\_\_\_\_ Name of School: \_\_\_\_\_

School Address & Tel. No.: \_\_\_\_\_

APPRAISAL ON THE QUALITIES OF THE STUDENT

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

PLEASE ANSWER THE FOLLOWING QUESTIONS BRIEFLY:

How long and in what capacity have you known the applicant?

What do you consider to be the applicant's talents or strengths?

What do you consider to be the applicant's weaknesses?

Has the applicant displayed any behavior which may hinder his/her socio-emotional development? If yes, please provide details.

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? Why?

OVER-ALL RECOMMENDATION

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

Name of person accomplishing this report

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please affix school dry seal here:

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