



## St. Paul College of Makati

D. M. Rivera St., Poblacion, Makati

### RECOMMENDATION FORM

For School Year 20\_\_\_\_ - 20\_\_\_\_

Name of Applicant: \_\_\_\_\_

Level Applying For: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

**TO THE APPLICANT:** Fill out the information required above. Endorse this form to your Guidance Counselor or Class Adviser for them to accomplish on your behalf. Provide a letter envelope for this form.

*I knowingly and voluntarily consent to the disclosure and processing of my child's personal information (which may include disciplinary records, special needs, psycho-emotional condition and/or physical disability) contained in this form in connection with his/her application for Admission to St. Paul College of Makati. This information shall be processed in accordance with the data privacy policies of the School. I cast my hand signifying I have allowed St. Paul College of Makati's use, collection, and processing of child's information for educational and legitimate purposes.*

\_\_\_\_\_  
Signature above Printed Name of Parent/Guardian

**TO THE ADVISER/COUNSELOR:** Your student whose details appear above is applying for admission with our school. The evaluation of his/her application cannot be completed without this recommendation. **Please answer the questions briefly and truthfully. Please feel free to attach additional information about the student that could aid his/her transition into our school. All answers will be treated confidential. Seal in the envelope provided by the student and sign across the flap.**

**How long and in what capacity have you known the student-applicant?** \_\_\_\_\_

APPRAISAL OF THE STUDENT <i>(Please check)</i>	Excellent	Above Average	Average	Below Average	Poor	No Basis
Mental Ability						
Communication Skills						
Interpersonal Skills						
Study Habits						
Emotional Maturity						
Ability to Adapt to New Situation						
Leadership Quality						
Integrity						
Motivation/Initiative						
Reaction to Setback						
Participation in Campus Activities						
Punctuality & Attendance						

#### GENERAL EVALUATION

1. **What do you consider to be the student's talents or strengths?**

\_\_\_\_\_

2. **In what area/s can the applicant improve on?**

\_\_\_\_\_

3. **Is the student experiencing any physical or psychological problems OR currently undergoing physical, behavioral, psychological/psychiatric or cognitive intervention?**  No  Yes - Please give more details:

\_\_\_\_\_

4. **Has the applicant ever had any disciplinary case/infraction?**  No  Yes - Please provide more details:

\_\_\_\_\_

5. **Does the applicant have any history of immoral/sexual acts, fraternity/sorority involvement, illegal drug use, self-harming or suicide attempt?**  No  Yes - Please expound: \_\_\_\_\_

\_\_\_\_\_

6. **Should the student decide to go back to your school, will you still accept him/her?**  Yes  No

7. **Please state any other information that could help us serve the student better as s/he transitions into our School.** You may please use the back of this paper or use additional sheets of paper as needed.

#### OVERALL RECOMMENDATION

Strongly Recommended

Recommended with Reservation

Recommended

Not Recommended

Name of Recommending Person: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name & Designation

\_\_\_\_\_  
Date

Name of School: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address of School: \_\_\_\_\_

*(Affix school dry seal here)*