


ST. PAUL COLLEGE OF MAKATI

D. M. Rivera St., Poblacion, City of Makati

GUIDANCE CENTER
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 and give this form to your counselor or adviser for recommendation. Provide a letter envelope for this form.

TO THE COUNSELOR OR ADVISER: Please answer the questions briefly and truthfully for the assessment of the student. Be reminded that your answer will be used in the evaluation of the application of this student. All answers will be treated confidential. Please place this form in an envelope provided by the student. Seal the envelope and sign across the flap.

I. ACADEMIC BEHAVIOR *(Please check)*
A. Class Attendance:

- Never absent
 Rarely absent
 Frequently absent
 Always absent

B. Punctuality:

- Always on time
 Rarely late
 Frequently late
 Always late

C. Personal Conduct:

- Excellent
 Good
 Fair
 Needs improvement

D. Study Habits:

- Excellent
 Good
 Fair
 Needs improvement

II. GENERAL EVALUATION

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

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

3. In what area/s can the applicant improve on? Has he/she improved on these area/s?

4. Has the applicant ever been involved in any serious disciplinary cases? __ Yes __ No

If yes, please describe: _____

III. OVERALL IMPRESSION
 Strongly Recommended

 Recommended with Reservation

 Recommended

 Not Recommended

Name of Recommending Person: _____

Position: _____ Signature: _____

Name of School: _____

Address of School: _____ Contact Number: _____

(Affix school dry seal here)