



CONFIDENTIAL STUDENT RECOMMENDATION

TO THE CLASS ADVISER/GUIDANCE COUNSELOR: *The Admissions Committee requests your kind cooperation to provide an honest and specific evaluation of the applicant whose name appears below. Please keep in mind that your response will be used to evaluate the applicant's readiness to be admitted to the school, and help identify the necessary support if admitted. This form should be placed in a sealed envelope countersigned across the flap by the evaluator. You may opt to send a scanned copy or clear photo of this form to jhs_aao@gbox.adnu.edu.ph with the email subject: RECOMMENDATION for (Applicant's Full Name).*

Family Name:	Given Name:	Middle Name:
Grade level applied for:	Present School:	
In what capacity and how long have you known the applicant?		
ACADEMIC PERFORMANCE: <input type="checkbox"/> TOP 10% <input type="checkbox"/> UPPER 25% <input type="checkbox"/> MIDDLE 50% <input type="checkbox"/> LOWER 25%		

Please rate the applicant under the following criteria. Put a check mark in the box that corresponds to your descriptive rating.

	EXCELLENT	VERY GOOD	GOOD	POOR	NOT OBSERVED
Communication Skills					
Emotional Maturity					
Leadership Skills					
Study Habits					
Relationship with Others					

What are the strengths of the applicant?

<input type="checkbox"/> Leader <input type="checkbox"/> Talented <input type="checkbox"/> Conscientious <input type="checkbox"/> Friendly <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Trustworthy
Others:

Has the applicant been subjected to disciplinary action during his/her stay in your school? Please check:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	

Please check below if the applicant has manifested any of the following behavior:	
<input type="checkbox"/> Regular Absences/ Truancy <input type="checkbox"/> Shy/ Withdrawn <input type="checkbox"/> Bullying <input type="checkbox"/> Dishonesty (Lying/ Cheating)	<input type="checkbox"/> Inattentive/ Disruptive Behavior <input type="checkbox"/> Disrespectful <input type="checkbox"/> Online Game Use <input type="checkbox"/> Others _____

Has the applicant manifested any emotional, psychological concerns that may need professional help?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, kindly explain:	

GENERAL RECOMMENDATION:	<input type="checkbox"/> STRONGLY RECOMMENDED <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> RECOMMENDED WITH RESERVATION
Remarks:	

NAME	DATE ACCOMPLISHED:
SIGNATURE	POSITION
	CONTACT No.