



DON BOSCO TECHNICAL INSTITUTE
Chino Roces Ave., Makati City
High School Department

RECOMMENDATION FORM

Instructions: This form is to be accomplished by either the **applicant's Counselor, Homeroom Adviser, Asst. Principal for Student Affairs or Principal.**

Name of Applicant: _____
Last Name First Name MI Nickname

School: _____

School Address: _____

Tel./Fax Number: _____ **Email Address:** _____

The student/person above is applying for admission to this institution. You are kindly requested for your evaluation of the student. All responses will be treated as strictly confidential.

I. Appraisal of the student:

Please check the appropriate boxes based on your assessment.

PERSONAL CHARACTERISTICS	POOR 1	FAIR 2	GOOD 3	VERY GOOD 4	EXCELLENT 5
1. Mental Ability					
2. Communication Skills a. Oral b. Written					
3. Study Habits & Attitudes					
4. Influence & Leadership					
5. Concern for Others					
6. Social Adaptability					
7. Emotional Adaptability					
8. Conduct					

II. Please answer the following:

A. Does the applicant have any problem that can hamper his academic and extra-curricular activities? If Yes, please explain.

B. What strengths (assets or talents) can the applicant contribute to the school?

C. In what areas can the applicant improve on?

D. Has the applicant ever been involved in serious disciplinary cases (in-cheating, stealing, abuse, fraternity)? Please describe.

E. Recommendation (please check the appropriate blank.)

The applicant is: Recommended
 Recommended with Reservations due to _____
 Not Recommended due to _____

Note: Please return this appraisal to the applicant in a sealed envelope with your signature across the flap.

Signature Over Printed Name of the
Recommending Person

Please affix school dry seal here

Date: _____