



RECOMMENDATION

To be accomplished by either the Principal, Guidance Counselor or Class Adviser: Information about this student will be valuable in assisting us to evaluate him for admission. Rest assured that your evaluation and comments will be kept confidential. Thank you.

Applicant's Name: _____ **Date of Birth** _____

Current Grade: _____ **Applying to Grade** _____ **Previous School** _____

1. Please evaluate the applicant on the following areas by placing a check mark in the appropriate column.

	Never	Occasionally	Usually	Always
The student demonstrates self-discipline				
The student displays ability to focus on a given task				
The student shows ability to develop friendships				
The student is able to work independently for an age-appropriate period of time				
The student displays a well-balanced temperament				
The student shows concerns for others				
The student is respectful and courteous to peers and adults				
The student responds positively to the challenges of academic work				
The student demonstrates an age-appropriate reaction to criticism				
The student shares materials with others				
The student cooperates with others during group activities				
The student exhibits age-appropriate study habits and organizational ability				

1. Describe any particular area of academic strength or weakness.

2. Does the applicant in anyway have a behavior problem? If so, please explain.

3. Do the parents of this student demonstrate an interest in and are involved in their child's education?

4. Please check the appropriate box that corresponds to your evaluation.

	Not Recommended	With Reservation	Recommended	Strongly Recommended	Highly Recommended
CHARACTER					
ACADEMIC ABILITY					

Name of Recommending Person: _____ Signature _____

Name of School _____ Tel. No. _____

Designation _____ Date Accomplished: _____

Please affix
DRY SEAL here

Please submit this form to Don Bosco Technical Institute-Makati
in a signed-sealed envelope



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, drug 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: _____