

# ST. SCHOLASTICA'S ACADEMY

Marikina City

Student Development Center

## RECOMMENDATION FORM

TO : THE CLASS TEACHER OR GUIDANCE COUNSELOR

This student is applying for admission to St. Scholastica's Academy, Marikina City. We therefore ask for careful ratings of and comments about her character and her ability by a teacher or guidance counselor who knows her well. The information you furnish will be held confidential and known only to the members of the Committee on Admissions of St. Scholastica's Academy. Thank you for your cooperation.

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

	No Basis For Judgment	Below Average	Average	Good	Excellent
Academic Ability					
Oral Communication					
Written Communication					
Leadership					
Honesty					
Motivation					
Maturity					
Self-confidence					
Sense of Responsibility					
Independence					
Emotional Stability					
Concern for others					
Warmth of Personality					
Reaction to Criticism					
Respect from Classmates					
Respect from Teachers					

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 areas can the applicant improve on? Has she worked on these areas? \_\_\_\_\_  
\_\_\_\_\_
4. Has the applicant ever been involved in serious disciplinary case (i.e. cheating, stealing, drug abuse, etc.)? \_\_\_\_\_  
\_\_\_\_\_
5. Was there any question of her conduct on campus? \_\_\_\_\_ off campus? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks:

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I recommend this student for admission to St. Scholastica's Academy

\_\_\_\_\_ Very strongly                      \_\_\_\_\_ I recommend  
\_\_\_\_\_ I do not recommend                      \_\_\_\_\_ I recommend with reservation

Please return this form directly to:  <b>THE ADMISSIONS COMMITTEE</b> c/o Registrar's Office  St. Scholastica's Academy #2 West Drive, Marikina Heights, Marikina City	Name of Respondent: _____ Signature over Printed Name
	Position: _____
	Name of School: _____ _____
	Address: _____ _____
	Tel. No. _____ Date: _____
	E-mail Address: _____

Note:

This form must bear the official school seal and must be enclosed in a sealed envelope with signature across the flap.

School Seal