SAN LORENZO VILLAGE, MAKATI CITY

TO THE APPLICANT: PLEASE FILL IN THE ITEMS IN THE ENCLOSED SECTION.

NAME				
	LAST	FIRST	MIDDLE	
PRESENT GRADE LEVEL				Attach 1x1 PHOTO
PRESENT SCHOOL				
SCHOOL ADDRESS				

**TO THE GUIDANCE COUNSELOR/ CLASS ADVISER:** The student whose name appears above is being considered to the Basic Education Division of Assumption College. Your honest evaluation of the applicant's character and ability is requested. The information you furnish will be held **CONFIDENTIAL** and known only to the members of our Admissions committee. **After accomplishing the form, please sign and email it to** <a href="https://www.accomplexible.com">commention will be held CONFIDENTIAL</a> and known only to the members of our Admissions committee. **After accomplishing the form, please sign and email it to** <a href="https://www.accomplexible.com">commention will be held CONFIDENTIAL</a> and known only to the members of our Admissions committee. **After accomplishing the form, please sign and email it to** <a href="https://www.accomplexible.com">commention.edu.ph></a> Unsigned recommendations will not be accepted. Thank you.

_		Excellent	Above Average	Good	Fair	Below Average	Remarks
1.	Attendance / Punctuality						
2.	Academic Ability						
3.	Leadership Ability						
4.	Extra/ co-curricular Involvement						
5.	Emotional Stability						
6.	Acceptance of abilities & weaknesses						
7.	Ability to get along with peers						
8.	Relationship with family members						
9.	Respect for authority						
10.	Respect for environment						

How long have you known the applicant?	
Has the applicant ever been subjected to any disciplinary action/measure?	
If yes, please explain briefly.	 
Are there any health conditions which might keep her from carrying out her responsibilities as a student?	
If yes, please explain briefly.	 
Is there any other information that you would like to share that might have a direct bearing on her application?	 

## SUMMARY EVALUATION (Please check one)

- Strongly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

## PLEASE REVIEW YOUR RESPONSES AND MAKE SURE THEY ARE COMPLETE AND ACCURATE.

NAME OF GUIDANCE COUNSELOR/ CLASS ADVISER		TELEPHONE	
OFFICE ADDRESS			
GUIDANCE COUN	SELOR'S / CLASS ADVISER'S		

SIGNATURE

DATE

Thank you for completing this student's recommendation to our school. Should there be a need for clarification, please do not hesitate to contact us at:

BED ADMISSIONS OFFICE
TRUNKLINE: 8817-0757 loc. 3020/ DIRECT LINE (632)8892-6159
Mobile Number: GLOBE <u>+639957232646</u> / SMART: <u>+639994154039</u>
Email: acmakatibedadmissions@assumption.edu.ph

All ratings, responses and recommendations in this form and attachments are regarded as CONFIDENTIAL.