



COLLEGE OF SAN BENILDO-RIZAL

GS Campus: Marcos Highway, Cainta, Rizal 1900 ☎ Tel. Nos. +632-681-1718 / 681-1715

HS Campus: Sumulong Highway, Antipolo City, Rizal 1870 ☎ Tel. Nos. +632-660-8105 / 660-8108 / 661-6061

www.sanbenildo.edu.ph

RECOMMENDATION FORM A

To: The Class Adviser

Greetings!

We are in the process of evaluating applicants for school year 2014-2015. We would like to request you to accomplish the questionnaire below to help us better assess the capabilities of the student applicant. **Kindly return this form in a sealed envelope and affix your signature on the flap.**

NAME OF STUDENT APPLICANT: _____
Last Name First Name Middle Initial

NAME OF SCHOOL _____

SCHOOL ADDRESS & TEL. NO: _____

How long have you known the applicant? _____

In what capacity do you know him/her? _____

Please indicate with a check mark how you would rate the applicant in terms of the following:

CRITERIA	Excellent (5)	High Average (4)	Average (3)	Low Average (2)	Poor (1)	No Basis for Judgment
A. ACADEMICS						
1. Interest in learning						
2. Class participation						
3. Analytical / Logical ability						
4. Creative thinking						
5. Written communication skills						
6. Oral communication skills						
7. Study Habits						
8. Participation in extra-curricular activities						
9. Attendance in school						
10. Achievement Level						
B. PERSONAL						
1. Appropriateness of behavior with his/her age						
2. Reaction to frustration						
3. Sense of responsibility / independence						
4. Leadership ability						
5. Self-confidence						
6. Initiative / motivation						
C. SOCIAL						
1. Interaction with classmates and friends						
2. Interaction with persons in authority						
3. Concern for others						

Based on your professional judgment, please describe the applicant in terms of:

A. What do you consider the student's strengths academically and personally? _____

B. What do you consider the student's areas of need academically and personally? _____

II. ACADEMIC STANDING

Number of students in their class _____

Rank: upper 25% Middle 50% Lower 75%

Number of students in their batch _____

Rank: upper 25% Middle 50% Lower 75%

III. OVERALL RECOMMENDATION

Strongly Recommended Recommended Recommended with reservation Not Recommended

Name: _____

Position: _____ Signature: _____

Tel. No.: _____

Date: _____

Please affix school dry seal here.



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RECOMMENDATION FORM B

To: The Guidance Counselor

Greetings!

We are in the process of evaluating applicants for school year 2014-2015. We would like to request you to accomplish the questionnaire below to help us better assess the capabilities of the student applicant. Kindly return this form in a sealed envelope and affix your signature on the flap.

NAME OF STUDENT APPLICANT: Last Name First Name Middle Initial

NAME OF SCHOOL

SCHOOL ADDRESS & TEL. NO:

How long have you known the applicant?

In what capacity do you know him/her?

Please indicate with a check mark how you would rate the applicant in terms of the following:

Table with 7 columns: CRITERIA, Excellent (5), High Average (4), Average (3), Low Average (2), Poor (1), No Basis for Judgment. Rows include A. ACADEMICS, B. PERSONAL, and C. SOCIAL with sub-rows for various skills and behaviors.

Based on your professional judgment, please describe the applicant in terms of:

- A. Please explain any academic, behavioral or disciplinary problem/s this student has encountered?
B. Please provide any additional information which you think will be of significance to the student's admission.

II. STANDARDIZED TEST TAKEN

Table with 3 columns: Test Taken, Date, Percentile / Stanine

*** Please provide another sheet if necessary ***

III. OVERALL RECOMMENDATION

- Strongly Recommended, Recommended, Recommended with reservation, Not Recommended

Name: Position: Signature:
Tel. No.: Date:

Please affix school dry seal here.