



COLLEGE OF SAN BENILDO - RIZAL

Grade School & High School Department

Marcos & Sumulong Highway, Rizal
Tel. Nos. 6463395/6811718 (GS Dept.)
6608105/6608108 (HS Dept.)

RECOMMENDATION FORM B

To: **The Guidance Counselor**

Greetings!

We are in the process of evaluating applicants for school year 20__ - 20__. 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. Student's learning ability						
2. Written communication skills						
3. Oral communication skills						
4. Study Habits						
5. 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						
4. Home environment of the student						
5. Student's general health condition						

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

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.