



## RECOMMENDATION FORM

**To the Parent/Guardian:** Please fill in Part I of this form and give to the teacher-adviser/principal of the school where your child has studied before applying to Silliman University School of Basic Education.

Part I.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

Phone No. of School: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Part II.

**To the Teacher-Adviser/Principal:**

The student above is applying for admission to our school. Please complete this recommendation form. The data obtained will be useful in helping us evaluate his/her application for admission to our school. Rest assured all information will be treated with utmost confidentiality.

When completed, please give this to the student in a **sealed envelope with your signature on the flap.**

Thank you.

1. Observable Qualities of Student. Kindly **sign** (not check) the appropriate column.

	Excellent	Good	Average	Poor	No basis for rating (not observable)
1. Analytical/Quantitative Skills					
2. Overall Intellectual Ability					
3. Oral Communication					
4. Written Communication Skills					
5. Leadership Potential					
6. Maturity					
7. Ability to Relate with Others					
8. Emotional Stability					
9. Motivation/Initiative					
10. Self-confidence					
11. Sense of Responsibility					
12. Creativity					
13. Risk-taking/Daring					

2. Please assess the applicant by **signing** the appropriate line:

- |                     |                      |                              |
|---------------------|----------------------|------------------------------|
| a. Class Attendance | _____ never absent   | _____ frequently absent      |
|                     | _____ rarely absent  | _____ always absent          |
| b. Punctuality      | _____ always on time | _____ frequently late        |
|                     | _____ rarely late    | _____ always late            |
| c. Personal Conduct | _____ excellent      | _____ fair                   |
|                     | _____ good           | _____ needs improvement/poor |
| d. Study Habits     | _____ excellent      | _____ fair                   |
|                     | _____ good           | _____ needs improvement/poor |

3. Has the student ever been involved in serious disciplinary cases (i.e. cheating, vandalism, stealing, drug abuse, etc.)? Please describe briefly.

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If there was, what interventions have been given to the students?

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4. Has the student obtained a passing grade in all his/her subjects during your time as an adviser?

( ) Yes ( ) No

If not, in what subject/s did he/she fail? \_\_\_\_\_

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I am recommending this student

( ) Strongly

( ) Fairly

( ) With Reservation

\_\_\_\_\_  
Signature of Teacher-Adviser/School Counselor  
over Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal over Printed Name

Date: \_\_\_\_\_