Guidance and Counseling Office

Ut In Omnibus Glorificetur Deus

RECOMMENDATION FORM (GRADE SCHOOL)

(TO BE FILLED OUT BY THE GUIDANCE COUNSELOR)

TO THE GUIDANCE COUNSELOR: Please complete the information below and help us better assess the capabilities of the student. Upon completion may we request you to return this form, directly via email at ibed_admissions@sanbeda.edu.ph with the Subject: STUDENT SURNAME, FIRST NAME SBU GRADE LEVEL APPLYING FOR RECOMMENDATION (example: DELA CRUZ, JUAN_SBU_GRADE 11_ RECOMMENDATION). For verification purposes please submit scanned copy of your Employee School ID with signature

School id with signatu	ie.		is applyir	ng for admiss	ion to		
Last Name	First Name	Middle Name				Level Applying for	
Last Name First Name Middle Name Level Applying for in the Integrated Basic Education Department of San Beda University for Academic Year A. How long have you known the applicant? years/ months B. In what capacity have you known the applicant? C. On a scale of 1 to 4, with 1 signifying POOR; 2, signifying FAIR; 3, signifying GOOD and 4, signifying VERY GOOD how would you rate the applicant in terms of the following? (If you feel you lack sufficient information to give an accurate answer, please check column "NO BASIS FOR RATING"). CHARACTERISTICS VERY GOOD GOOD FAIR POOR NO BASIS		·					
A. How long have yo	u known the applicant? _	years/ :	months				
B. In what capacity h	ave you known the appli	cant?					
how would you ra	te the applicant in terms	of the following? (If yo					
	CHARACTERISTICS					NO BASIS FOR RATING	
1. Study Habits and Att	itudes						
2. Interest in Learning							
	tion Skills						
3.1 English							
3.2 Filipino							
4. Oral Communication	Skills						
4.1 English							
4.2 Filipino							
5. Attendance in Schoo	l						
6. Participation in extra	a-curricular activities						
7. Attention span							
8. Appropriateness of b	pehavior with his/her age						
9. Self- confidence							
10. Self-discipline							
11. Motivation							
12. Honesty and Integr	ity						
13. Sense of Responsib	ility						
14. Relationship with fa	amily members (parent/s ar	nd sibling/s)					
15. Influence and Lead	ership						
16. Social and Emotion Frustration, Anxiety, St	al Adaptability (i.e. Reaction ress, etc.)	n to					
17. Offers help to othe	rs						

D. In your professional judgment, what rank does the applicant belong to in terms of academic performance?

18. Assessment to student's moral and religious point of view

Number of students in class/section: Number of students in the grade level:			☐ Top 25% ☐ Top 25%	☐ Top 50%☐ Top 50%	☐ Below 50%☐ Below 50%				
	andardized Test Taken (If there ar			•					
	Test Taken	Date	Percentil	e/Stanine	Verbal Interpretation				
F. H	as the applicant been placed on produced o	idemic	☐ Discipli	nary					
	ease list any information that you What do you consider to be the				, talents, etc.)				
2.	In what areas can the applicant improve on? (e.g. weaknesses)								
3.	How is the applicant's interpersonal relationships and perceptions of other people?								
4.	Has the applicant had any famil If yes, please describe:	y/peer problem(s) t	that may have had	an effect on the	student?				
5.	Does the applicant have any of the following?								
	Learning DisabilityPhysical Disability	•	logical Concern/s oral Concern/s	☐ Ei	motional Concern/s one				
	Please discuss your answer brie	fly:							
I. O	verall Recommendation								
	☐ I strongly recommend him/h ☐ I recommend him/her for ac ☐ I recommend him/her for ac ☐ I do not recommend him/he	lmission with some Imission.							
lame	in print and signature:								
esigr	nation/Title:								
Schoo Schoo	i:								
Email .	Address:			Contact no.:					

(NOTE: The Board of Admissions may or may not contact you for confirmation of aforementioned data. Thank you.)

That in all things God may be glorified