



Jesus Good Shepherd School

Palico 2 City of Imus, Cavite, Philippines

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RECOMMENDATION FORM

(Transferees / Grades 1 – 12)

To the Applicant: Please accomplish the needed information below.

Complete Name: _____
Last First Middle

Age: _____ Date of Birth: _____ Grade Level Applying for: _____

Home Address: _____

Telephone No.: _____ Mobile No.: _____

School: _____

Address: _____ Telephone No.: _____

To the Class Adviser/Guidance Counselor/Principal:

The JGSS guidance Office would like to request for your cooperation in providing accurate and objective assessment of the applicant whose name appear below.

*The envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in **STRICT CONFIDENCE**.*

Personal Characteristics

Please rate the applicant on the following characteristics

| | Excellent | Above Average | Average | Below Average | Poor |
|---------------------------|-----------|---------------|---------|---------------|------|
| Emotional Stability | | | | | |
| Honesty and Integrity | | | | | |
| General Conduct | | | | | |
| Motivation | | | | | |
| Leadership Qualities | | | | | |
| Obedience to School Rules | | | | | |
| Work Habit | | | | | |
| Attendance & Punctuality | | | | | |

1. How long and in what capacity did you know the applicant?

2. What are the strengths of the applicant?

3. What are the areas the applicant needs to improve?

4. Does the applicant has *medical/ learning/ behavioral* assessment? If **yes**, please specify below.

5. Has the applicant been subjected to any disciplinary action?

| | YES | NO | NOT SURE |
|------------------|------------|-----------|-----------------|
| Misconduct | | | |
| Academic Problem | | | |

If **yes**, please specify below.

6. On the space below, please write some information which will help us in providing the best possible assistance to the applicant once admitted to JGSS:

Recommendation

| | NOT RECOMMENDED | RECOMMENDED with RESERVATION | RECOMMENDED | STRONGLY RECOMMENDED |
|------------------------|------------------------|-------------------------------------|--------------------|-----------------------------|
| Academic | | | | |
| Character and Behavior | | | | |
| Overall | | | | |

Class Adviser/Guidance Counselor/Principal

Name: _____ **Signature:** _____

Designation: _____ **Contact No.:** _____

Date: _____