



## 6-YEAR INTEGRATED PROGRAM (Junior College) Guidance Counselor Recommendation Form

Name of student \_\_\_\_\_

Last/Family

First/Given

Middle/Complete

Grade level applied for \_\_\_\_\_

### INSTRUCTIONS

**To the Applicant:** Write your name above. Give this form to your Guidance Counselor. Supply him/her with an envelope.

**To the Guidance Counselor:** After filling out this form, please put it in an envelope, seal and sign the flap and return to the applicant. All information will be kept confidential. Thank you for your assistance.

### RECOMMENDATION

1. Appraisal of the student

	Excellent	Good	Average	Poor
Overall Intellectual ability				
Diligence in Study/ Work Attitude				
Analytical/ quantitative skills				
Communication skills: Oral				
Written				
Leadership potential				
Maturity				
People skills				
Emotional stability				
Motivation/initiative				
Self-confidence				
Sense of responsibility				
Punctuality				
Personal conduct				

2. Other than those indicated above what do you consider to be the applicants' talents or strengths?

3. What do you consider to be the applicants' weaknesses? In what areas can the applicant improve on?  
Has he/she worked on these areas?

4. Does the applicant have any health problems (physical or psychological) that can hamper his/her academic and extra-curricular performance? If yes, please explain.

5. Has the applicant ever been involved in serious disciplinary cases (i.e., cheating, stealing, drug abuse, etc.)? Please describe.

**RECOMMENDATION** (please check the appropriate box)

- The applicant is:  Highly recommended  
 Recommended  
 Recommended with reservations due to: \_\_\_\_\_  
 Not recommended due to: \_\_\_\_\_

**Please affix school dry seal here**

Date \_\_\_\_\_

\_\_\_\_\_  
Guidance counselor's **signature over printed name**  
School \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact Number \_\_\_\_\_