



GUIDANCE COUNSELOR RECOMMENDATION FORM (College)

Name of student

Last/Family

First/Given

Middle name

Signature of Examinee

Name of high school

Complete school address

School's telephone/ fax number

School's email address

INSTRUCTIONS

To the Applicant: Write your name above and affix your signature. 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 qualities of the student

	Excellent	Good	Average	Poor
Analytical/ quantitative skills				
Overall intellectual ability				
Oral communication skills				
Leadership potential				
Maturity				
People skills				
Emotional stability				
Motivation/initiative				
Self-confidence				
Sense of responsibility				

2. Please assess the applicant by checking the appropriate boxes:

a. Class attendance

- never absent
- rarely absent
- frequently absent
- always absent

b. Punctuality

- always on time
- rarely late
- frequently late
- always late

c. Personal conduct

- excellent
- good
- fair
- needs improvement/ poor

(con't)

Please assess the applicant by checking the appropriate boxes:

d. Study habits

- excellent
 good
 fair
 needs improvement/ poor

3. What do you consider to be the applicants' talents or strengths?
4. What do you consider to be the applicants' weaknesses? In what areas can the applicant improve on?
Has he or she worked on these areas?
5. Does the applicant have any health problems (physical or psychological) that can hamper his/her academic and extra-curricular performance? If yes, please explain.
6. Has the applicant ever been involved in serious disciplinary cases (i.e., cheating, stealing, drug abuse, etc.)? Please describe.
7. Does the applicant have the potential to be an entrepreneur (i.e. set up his/her own business by third year college)? Why or why not?

8. Entrepreneur-mindedness

Please check the appropriate boxes based on your assessment:

1= Strongly Disagree 2= Disagree 3= Undecided 4= Agree 5= Strongly Agree 6= Not observable
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	1	2	3	4	5	6
He/She knows what he/she wants and has the drive to succeed.						
He/She can motivate himself/herself to do what he does not like to do.						
He/She is well-rounded.						
He/She can manage his/her time well.						
He/She has good study habits.						
He/She is morally upright and manifests strong values foundation.						
He/She knows how to handle difficult personal problems.						
He/She is street-smart rather than book-smart.						
He/She manifests restlessness in long lecture-type classes.						
He/She practically applies what he/she has learned.						
He/She is organized.						
He/She has an eye for detail.						
He/She is goal- and result-oriented.						
He/She is a good team player.						
He/She is a self starter.						
He/She can take responsibilities and lead others.						

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

Email Add: _____