

CARITAS DON BOSCO SCHOOL

Laguna Blvd., Laguna Technopark, Brgy. Biñan, Biñan City, Laguna 4024 Mailing Address: P.O. Box 39935, LTI Post Office, Sta. Rosa, Laguna 4026 Contact No. 0917-623-4841 / 0949-861-1270 www.caritasdonboscoschool.edu.ph

RECOMMENDATION FORM

TO THE CLASS ADVISER / SUBJECT TEACHER:

STUDENT INFORMATION

The person named below is applying for admission to Caritas Don Bosco School. The Committee on Admissions, therefore, asks your assistance by efficiently evaluating the applicant. One of the bases for the applicant's admission is the recommendation you will be providing. Thank you for your cooperation!

Name of the Applicant:	Level Applying for:							
. ,	Family Name First Name			Middle Name		Nick Name		
Name of Present School:								
Address of the School:								
Tel. No.	Current Grade Level:				School Year:			
Character & Attitude								
Please rate the applicant on the following characteristics:		Excellent	Above Average	Average	e Fair	Poor	No chance to observe	
ORAL COMMUNICATION SKILLS								
WRITTEN COMMUNICATION SKIL	LS							
MOTIVATION								
CONSISTENCY OF PERFORMANO	E							
ADAPTABILITY								
ACADEMIC POTENTIAL								

Academic Profile						
ACADEMIC PERFORMANC General Average as of: Quarter	E	90-100	85-89	80-84	75-79	70-7
☐ 1 st Quarter ☐ 2 nd Quarter ☐ 3 rd Q	uarter □ 4 th Quarter					
Semester □ 1 st Semester □ 2 nd Semester □ 3 rd	Semester					
Number of students per clas	s/section N	umber of students	per level _			
How long and in what capacit	y have you known the a	applicant?				
2. What are the strengths of the	applicant?					
3. What are the applicant's area	s for improvement?					
4. Are there any awards that the	applicant received or i	recently attained ach	ievement?	(Kindly sp	pecify.)	
5. Applicant's behavior during clainteraction with teachers and			ffline tasks, (online etiq	quette, atten	dance,
Recommendation	Strongly Recommended	Recommended	Recomn w/ Rese		Not Recomm	
For Character & Attitude]		
For Academic Potential]		
Overall]		
Accomplished by:						
Name:		sition:				
Signature:	Co	ntact No:	Email:			

Please send this recommendation form to this email address: cdbsadmissions@gmail.com