



# 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 GUIDANCE COUNSELOR / SCHOOL HEAD:

*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!*

### STUDENT INFORMATION

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	Fair	Poor	No chance to observe
ORAL COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSISTENCY OF PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation Form – Guidance Counselor / School Head  
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### Academic Profile

**ACADEMIC PERFORMANCE**

General Average as of:

Quarter

☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter ☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

90-100

85-89

80-84

75-79

70-74

☐☐☐☐☐

Semester

☐ 1<sup>st</sup> Semester ☐ 2<sup>nd</sup> Semester ☐ 3<sup>rd</sup> Semester

Number of students per class/section \_\_\_\_\_

Number of students per level \_\_\_\_\_

1. How long and in what capacity have you known the applicant?

2. What are the strengths of the applicant?

3. What are the applicant's areas for improvement?

4. If applicable, please state any concern that may affect the applicant's academic and/or behavioral performance.

**Recommendation**

	<i>Strongly Recommended</i>	<i>Recommended</i>	<i>Recommended w/ Reservations</i>	<i>Not Recommended</i>
For Character & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Accomplished by:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send this recommendation form to this email address: [cdbsadmissions@gmail.com](mailto:cdbsadmissions@gmail.com)**