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**GRADE SCHOOL**

Unisite Subdivision, Del Pilar, City of San Fernando, 2000 Pampanga, Philippines

\_\_\_\_ New Pupil

\_\_\_\_ Transferee

\_\_\_\_ Returnee

**RECOMMENDATION FORM**

**Academic Year 2020-2021**

**Name of Pupil Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/ Level Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_**

*Last First Middle (Full)*

School Last Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Pupil’s Learner’s Reference Number** (LRN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To the Principal/ Guidance Counselor/ Class Adviser:***

***The pupil whose name appears above is applying for admission at the University of the Assumption, Pampanga. Please accomplish this form and seal it in an envelope. Kindly affix your signature on the flap. We assure you that all information provided will be treated with strict confidentiality.***

1. How long have you known the applicant? Please state your relationship to the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the scholastic average of the applicant as of 1st grading \_\_\_\_\_ 2nd grading \_\_\_\_\_ 3rd grading \_\_\_\_\_ Final Grade \_\_\_\_\_
2. Rate the applicant according to the following areas. Please check.

|  |  |  |  |
| --- | --- | --- | --- |
| ***AREAS*** | ***Excellent*** | ***Average*** | ***Poor*** |
| Punctuality |  |  |  |
| Honesty |  |  |  |
| Sense of Responsibility |  |  |  |
| Obedience |  |  |  |
| Respectfulness |  |  |  |
| Leadership |  |  |  |
| Emotional Stability |  |  |  |
| Study Habits |  |  |  |
| Relationship with others |  |  |  |

1. Has the applicant been involved in any disciplinary case? \_\_\_\_\_\_\_\_\_\_\_

**If yes**, please specify the nature of the offense/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check below the condition/s that apply/applies to applicant that should be taken into consideration.

**Health Concerns**

\_\_\_\_ visual problem

\_\_\_\_ hearing problem \_\_\_\_allergy (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ asthma \_\_\_\_ had undergone surgery (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ bronchitis \_\_\_\_ other/s (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ delay in speech \_\_\_\_ **none**

**Behavioral Concerns**

\_\_\_\_ impatient \_\_\_\_ had consulted specialist/s

\_\_\_\_ moves a lot \_\_\_Neurodevelopmental Pediatrician \_\_\_Special Education Teacher

\_\_\_\_ easily distracted \_\_\_Counselor \_\_\_Psychologist

\_\_\_\_ talks a lot \_\_\_Occupational Therapist \_\_\_Psychiatrist

\_\_\_\_ lacks eye contact \_\_\_ Others (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ poor social skills Reason for consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ other/s (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **none**

**With the above information (*Please check*):**

* 

**I recommend the applicant. I recommend the applicant with reservation. I do not recommend the applicant.**

* 

***Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature over Printed Name Position Date**