



# LA IMMACULADA CONCEPCION SCHOOL

E. Caruncho Ave., Malinao, Pasig City

Tel No. (02) 8640-2501

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admissions@lics.edu.ph

## RECOMMENDATION FORM

Principal, Guidance Counsellor, Grade Level Coordinator & Class Adviser

This form is to be accomplished by the Principal, Guidance Counsellor, Grade Level Coordinator and/or Class Adviser only. The school reserves the right to render the form invalid/void if the explanation for a substitute rater is unsatisfactory or not recommended.

### TO THE APPLICANT:

Please fill up your Personal Information and provide the evaluator with a white envelope.

<b>APPLICANT'S NAME</b>				
Last Name	First Name	Middle Name	Middle Initial	Suffix (if any)
<b>HOME ADDRESS</b>		LRN No.	TEL. NO.	E-MAIL
<b>SCHOOL</b>		<b>YEARS ATTENDED</b>		<b>GRADE LEVEL</b>
		FROM	TO	
<b>SCHOOL ADDRESS</b>		TEL. NO.		E-MAIL

### TO THE EVALUATOR:

As a part of the admissions process at LA IMMACULADA CONCEPCION SCHOOL, all applicants are asked to submit this recommendation form. We appreciate any comments and evaluations that you would like to offer about this applicant. Feel free to attach comments or descriptions.

After accomplishing this form, please put it in an envelope, seal and sign across the flap and return to the applicant. All information will be kept confidential. Unsealed and unsigned Recommendation will not be accepted.

## RECOMMENDATION

1. Please identify the factors that might interfere with the applicant's academic and personal relationship in our school.

Family Relationship       Identity Issue       Financial Concerns       Psychological  
 Peer Pressure       Health Conce       Behavioral/Discipline       Others

Kindly discuss briefly the applicant's concern/s.

2. Please check the most appropriate box that corresponds to your rating.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT	REMARKS
Academic Skills						
Interpersonal Skills						
Leadership Skills						
Study Habits						
Character and Attitude						
Values						
Independence						
Initiative						
Self-Confidence						
Concern to others						

3. What is the applicant's academic rank in the class: \_\_\_\_\_ No. of students in his/her class \_\_\_\_\_ No. of students in his/her batch \_\_\_\_\_

4. Please specify failing grades, if any:

Subject/s: \_\_\_\_\_

5. Has the applicant ever been involved in disciplinary cases (i.e cheating, stealing, cutting classes, etc.)

6. Any observed signs of learning difficulties, behavioral disorders, or noticeable behaviors' that may need special

OVERALL RECOMMENDATION (Please check one):  Recommended  Not Recommended

Signature Over Printed Name of Class Adviser

Signature Over Printed Name of Guidance Counsellor

Signature Over Printed Name of School Principal

School Seal