

COLEGIO DE LAS HIJAS DE JESUS GUIDANCE CENTER Ledesma St., Iloilo City

RECOMMENDATION FORM

TO THE APPLICANT:

Kindly complete the information below. Give this form together with an envelope addressed to the **GUIDANCE PERSONNEL, COLEGIO DE LAS HIJAS DE JESUS, LEDESMA ST. ILOILO CITY** to your Adviser or Guidance Counselor.

Name:						
Last	First			Middle	Middle	
Complete Name of Current/Former	School:					
Complete Address of School:						
Contact Number of School:						
Duration of Stay in the School:						
TO THE ADVISER/ GUIDANCE COUN	SELOR:					
Please accomplish this form and place it i assessment, please seal and sign the flap of						
A. How long and in what capacity have you known the applicant?						
B. Please check on the box which corre	· · · · · · · · · · · · · · · · · · ·	ssessment.	,			
Personal Characteristics	Excellent	Good	Average	Poor	No Basis	
Mental Ability						
Oral Communication Skills						
Written Communication Skills						
Leadership Skills						
Study Habits						
Maturity						
Respect to Self and Others						
Interpersonal Skills						
Simplicity						
Honesty and Trustworthiness						
Self-discipline						
Sense of Responsibility						
Creativity						
Initiative						
C. Has the applicant been subjected to						
D. Does the applicant have any learn special attention, please explain on the	-	-	are or? IT you t	pelieve ne/sn	e would need	
E. Please state other details which could be of help in the assessment of the applicant.						
F. Recommendation (Please check)						
I STRONGLY RECOMMEND to I RECOMMEND the applican	• •					
I RECOMMEND THE APPLICATION I DO NOT RECOMMEND the		RVATIONS o	ue to			
Thank you fo	or the time you dev	oted in accom	plishing this form!			
- <u></u>						
Signature over printed name		De	signation		Date	