



GOOD SHEPHERD CATHEDRAL SCHOOL

Omega Ave. Corner Rado St., Fairview, Quezon City
Telephone No. 431.0793 / Telefax: 430.7822

REGISTRAR & ADMISSION OFFICE

Name of Student: _____
(Last) (First) (Middle)

To the Guidance Counselor: The above-named student's application to the Good Shepherd Cathedral School cannot be processed without this recommendation. Your assistance in providing us with relevant information will be greatly appreciated. Please feel free to attach additional information that could help us in our evaluation. Upon completion, please return this form to us in a sealed envelope signed across the flap. Rest assured that whatever information you disclose will be held in strict confidence.

1. Student Appraisal. Please check.

		Excellent	Very Good	Good	Fair	Poor
1. Intellectual Ability						
2. Communication Skills	Oral					
	Written					
3. Initiative						
4. Motivation						
5. Concern for others						
6. Sense of responsibility						
7. Emotional stability						
8. Leadership potentials						
9. Respect accorded by teachers						
10. Respect accorded by peers						

2. What do you consider to be the applicant's strengths and potentials?

3. What are some areas of improvement for the applicant?

4. Has the applicant ever been involved in any serious disciplinary cases (e.g. cheating, stealing, truancy, etc.)?

5. Does the applicant have any physical or psychological problems that can hamper his/her academic performance? If yes, please explain.

Summary Evaluation

- A. Strongly Recommended
- B. Recommended
- C. Recommended with Reservations (Please state reasons)
- D. Not Recommended
(Please state reasons for letters C and D)

Name of respondent: _____
Signature: _____
Name of School: _____
Address of School: _____
Date: _____