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.**

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<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
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<td>1. Intellectual Ability</td>
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<td>2. Communication Skills</td>
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<td>3. Initiative</td>
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<td>4. Motivation</td>
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<td>5. Concern for others</td>
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<td>6. Sense of responsibility</td>
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<td>7. Emotional stability</td>
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<td>8. Leadership potentials</td>
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<td>9. Respect accorded by teachers</td>
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<td>10. Respect accorded by peers</td>
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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.)?
___________________________________________________________________________
___________________________________________________________________________
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5. Does the applicant have any physical or psychological problems that can hamper his/her academic performance? If yes, please explain.
___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________
___________________________________________________________________________

**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: ____________________________