



RECOMMENDATION FORM (Grades 1 – 6)

GRADE LEVEL APPLIED FOR: _____		LRN: _____
NAME OF PUPIL (exact name as it appears on the pupil's birth certificate)		
LAST	FIRST	MIDDLE
NAME OF CURRENT SCHOOL: _____		
SCHOOL ADDRESS: _____		
SCHOOL TEL. NO.: _____		EMAIL: _____

For the Applicant: This form should be filled out by any 2 of the following - Principal/ Guidance Counselor/Homeroom Adviser/Subject Teacher. Please provide him/her a business envelope addressed to the **LSGH Admission Board**. Kindly submit this to the Registrar's Office after it has been filled out.

For the School: The pupil whose name is written above is applying for admission to **La Salle Green Hills**. Your objective evaluation of this applicant is of value to us. Please accomplish the form completely. After filling out the form, **please return this Recommendation Form to the applicant in the sealed envelope provided by the applicant, with your signature across the seal**. Thank you for your assistance.

GENERAL EVALUATION

		Above Average	Average	Below Average
Communication Skills:	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and Emotional Maturity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Deporment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's academic ranking in the current level/batch:

- Top 10%
 Top 25%
 Middle 50%
 Lower 25%

Total number of pupils in the current level/batch: _____

Has the applicant been involved in any disciplinary cases? _____ YES _____ NO
If yes, please describe.

What are the applicant's strengths?

What areas should the applicant improve on?

Has the applicant had any family/peer/behavioral/cognitive problem/s that may have had an effect on the pupil? _____ YES _____ NO
If yes, please describe.

RECOMMENDATION

	NOT RECOMMENDED	RECOMMENDED w/ RESERVATION	RECOMMENDED	STRONGLY RECOMMENDED
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER & ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRINTED NAME: _____
SIGNATURE: _____
DESIGNATION: _____
CONTACT NO.: _____
DATE: _____

Please affix
School Dry Seal
here.