



LOURDES SCHOOL OF MANDALUYONG

Shaw Blvd., Greenhills, Mandaluyong City 1552
Webpage Address: www.lsm.edu.ph
P.O. Box 12959 Ortigas Center Pasig City 1605
6311921;6329547;6316307;6316356;6339443;6316310



RECOMMENDATION FORM

NAME OF APPLICANT: _____

ADDRESS: _____

To the Applicant: Give this form to any two of the following: 1. Principal 2. Guidance Counselor
3. Teacher-Adviser. Provide each of them with an envelope.

To the person recommending: 1. Kindly fill this form to help us in assessing application of the student. Your candid evaluation will be appreciated and will be treated in the strictest confidence.
2. After accomplishing the form, please place in an envelope and sign on the flap before returning it to the applicant.

| | Above Average | Average | Below Average |
|--------------------------------|---------------|---------|---------------|
| 1. Intellectual Ability | | | |
| 2. Communication Skills | | | |
| a. oral | | | |
| b. written | | | |
| 3. Leadership | | | |
| 4. Diligence in study habits | | | |
| 5. Ability to work with others | | | |
| 6. Emotional stability | | | |
| 7. Integrity | | | |
| 8. Motivation | | | |

9. Has he been subjected to disciplinary action?
 Yes No if yes, please explain

10. Has he been regular, punctual in his classes and in submission of report?
 Yes No

11. How would you rank him academically among your students?
 Excellent Average
 Very Good Fair
 Good Needs Improvement

12. If ever applicant will apply in your school again, will you take him in?
 Yes No

Name & Signature of Recommending Person

Signature

Position

School