

Atria Park District, Pison Avenue, San Rafael, Mandurriao, Iloilo City Tel. No.: (033) 333-3189/90; Telefax : (033) 321-1788 Website: adi.edu.ph

## **RECOMMENDATION FORM**

## To the Applicant:

Please write your name and grade level. Give this form together with a white long size letter envelope to your class adviser/guidance counselor/subject teacher/administrator for recommendation.

## To the Administrator, Subject Teacher, Class Adviser/Guidance Counselor/ Facilitator:

The student whose name appears below is at present seeking admission at Ateneo de Iloilo-Santa Maria Catholic School. May we request from you some pertinent information about the person to help us decide on his/her application. The data will be dealt with strict confidentiality.

After filling out this form, please put it in an envelope, seal, and sign across the flap and return to the applicant. Thank you for your assistance.

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Please put a **check** on the space provided according to your honest assessment of the applicant.

	Outstanding	Excellent	Above Average	Average	Below Average	No Chance to Observe
A. Academic						
Potential						
B. <b>Deportment &amp;</b>						
Discipline						
C. Consistency of						
Academic						
Performance						
D. Study habits/						
Work Methods						
E. Leadership						
Potential						
F. Ability to Work						
With Others						
G. Sense of Service						
/Willingness to						
Help Others						
H. Involvement in						
Extra-Curricular						
Activities						

<ol><li>Please state any comment as to what outsta any information that will help us understan</li></ol>	
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3. Has the student been involved in any discipal detention, suspension, warning, etc. in your	linary cases, or has been put on probation, school? (If yes, kindly enlighten us about them.
4. Please put a check on the space provided:	
( ) I strongly recommend the applic for admission.	cant ( ) I recommend with some reservation.
( ) I recommend the applicant for admission.	( ) I do not recommend the applicant for admission.
Name:	Position:
Contact No	Email Address:
Number of years acquainted with the applican	t:
Signature:	Date Signed: