



SAINT PEDRO POVEDA COLLEGE

EDSA corner P. Poveda Street, Brgy. Ugong Norte,
Quezon City, Philippines

RECOMMENDATION FORM

To the applicant: Please fill out the top portion and send to your GUIDANCE COUNSELOR.

Applicant's Name: _____
Last
First
Middle

Name of School: _____ Grade/Year Level _____

School Address: _____ Tel No. _____

TO THE GUIDANCE COUNSELOR:
 The above-mentioned student is seeking admission to SAINT PEDRO POVEDA COLLEGE. The Admissions Office finds a thorough evaluation helpful in the decision-making process. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality. Please check appropriate column and encode or print your responses.

Character and Personality	Highly Evident	Evident	Not Evident	No Opportunity to Observe
Ability to Learn				
Self-Confidence				
Self-Discipline				
Self-Management				
Emotional Maturity				
Concern for others				
Respect for Authority				
Social Relationships				
Leadership Potential				

Please write an appraisal of this student's character and personality.

Intellectual Ability and Achievement	Highly Evident	Evident	Not Evident	No Opportunity to Observe
Intellectual Capacity				
Ability to Work Individually				
Ability to Work with Groups				
Study Habits				
Motivation/Goals/Level of Aspiration				
Academic Growth Potential				
Oral Communication Skills				
Written Communication Skills				

Please write an appraisal of this student's ability and achievement.

Has the applicant been subjected to academic probation and/or any disciplinary action? ____ Yes ____ No
If yes, please state the reason and its details _____

Please write an appraisal of areas he/she can improve on _____

How long have you known the applicant? _____

Basis for rating :

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> records | <input type="checkbox"/> personal observation | <input type="checkbox"/> others _____ |
| <input type="checkbox"/> sessions with the applicant | <input type="checkbox"/> teacher's observation | |

Overall Recommendation:

- | | |
|---|---|
| <input type="checkbox"/> Strongly Recommended | <input type="checkbox"/> Recommended with Reservation |
| <input type="checkbox"/> Recommended | |

*School Dry Seal
(If available)*

Signature : _____
Printed Name : _____
Designation : _____
Contact No. : _____
Date : _____

Please email the completed form to admissions@poveda.edu.ph with the subject line:
Recommendation Form: Name of Applicant (Surname, Given Name)_Guidance Counselor

Thank you for your assistance.