



**CANOSSA ACADEMY
LIPA CITY
HUMAN RESOURCE CENTER**

Applicant's Name

Name of School

HS RECOMMENDATION FORM

TO THE APPLICANT: Write your name and school above. Choose two persons who know well and who are presently holding positions of authority over you in your present school. (Principal, and either your adviser or counselor) Give a copy of this form to each of these two persons. Provide each with an envelop

TO THE PERSON RECOMMENDING: The person is a _____ year High School applicant of Canossa Academy, Lipa City. Please make you judgment carefully and fill out the form completely as it will surely be used in the evaluation of the student.

After accomplishing this form, please place in an envelope and return to the applicant. Unsealed and unsigned recommendations will not be accepted. Thank you for your cooperation

A. GENERAL ASSESSMENT: How would you assess the applicant using the following criteria?
Please check accordingly

	Above Average	Average	Below Average	No Chance to Observe
Communication Skills: Oral				
Written				
Motivation				
Consistency of Performance				
Emotional Stability				
Character & Attitude				

B. COMMENTS: PLEASE DO NOT LEAVE THIS BLANK. Your honest evaluation of the applicant will help the Committee decide on his/her application (e.g. intellectual strengths and weaknesses, level of maturity, sense of service in school and/or community)

C. SUMMARY EVALUATION (check one)

- _____ I strongly recommend the applicant for admission
 _____ I recommend the applicant for admission
 _____ I recommend, with reservation, the applicant for admission,
 (Please state the reason in the comments above)
 _____ I do not recommend the applicant for admission
 (Please state the reason in the comments above)

Printed Name _____

Signature _____

Designation _____

Date _____

