



St. Scholastica's College, Manila

2560 Leon Guinto St., Malate, Manila

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TO THE GUIDANCE COUNSELOR:

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicants whose name appears below. This recommendation should be mailed to this address: ADMISSIONS OFFICE, ST. SCHOLASTICA'S COLLEGE, 2560 Leon Guinto Street, Malate, Manila or hand-carried personally. The envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in STRICT CONFIDENCE.

TO THE APPLICANT: Please accomplish the needed information below and give the form to the Guidance Counselor. Provide the recommending party with an envelope.

COMPLETE NAME: _____
Last First Middle

HOME ADDRESS: _____
TEL. # _____

AGE: _____ **LEVEL APPLYING FOR:** _____

SCHOOL: _____

ADDRESS: _____ **TEL. #** _____

**GRADE SCHOOL RECOMMENDATION FORM
FOR PRE-SCHOOL-GRADE 6 APPLICANTS FROM GUIDANCE COUNSELOR**

PSYCHOLOGICAL TEST PROFILE (taken during the last two years for grades 1-6 applicants)

INTELLIGENCE TEST:

Date Taken _____ DIQ _____ Classification _____ Stanine _____

Date Taken _____ DIQ _____ Classification _____ Stanine _____

ACHIEVEMENT TEST:

Date Taken _____ Gr. Equivalent _____ Classification _____ Stanine _____

Date Taken _____ Gr. Equivalent _____ Classification _____ Stanine _____

Others: _____

PERSONAL CHARACTERISTICS:

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Emotional Stability					
Honesty and Integrity					
General Conduct					
Motivation					
Leadership Qualities					
Obedience to School Rules					
Work Habits					
Attendance & Punctuality					

1. How long and in what capacity have you known the applicant?

2. What are the strengths of the applicants?

3. What area does the applicant needs to improve on?

4. Has the applicant been subjected to any disciplinary action?

	YES	NO	NOT SURE
MISCONDUCT			
ACADEMIC PROBLEM			

If YES, please explain.

5. On the space below, please write some information which will help us in providing the best possible assistance to the applicant once admitted to SSC:

PLEASE STATE REASON FOR TRANSFER TO ANOTHER SCHOOL:

YOUR RECOMMENDATION:

<i>The applicant is:</i>	NOT RECOMMENDED	RECOMMENDED with RESERVATION	RECOMMENDED	STRONGLY RECOMMENDED
For ACADEMIC PROMISE				
For CHARACTER and PERSONAL PROMISE				
OVERALL				

GUIDANCE COUNSELOR:

NAME (please print): _____ SIGNATURE: _____
CONTACT #: _____ DATE: _____