



St. Scholastica's College, Manila

2560 Leon Guinto St., Malate, Manila

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TO THE APPLICANT:

Please complete this section and submit the form to your **GUIDANCE COUNSELOR**. You should include an envelope addressed to: **ADMISSIONS OFFICE, ST. SCHOLASTICA'S COLLEGE, 2560 Leon Guinto Street, Malate, Manila**. This recommendation form can either be mailed to the address above or hand carried personally together with your other requirements.

NAME: _____ **GRADE LEVEL:** _____
Last First Middle

HOME ADDRESS: _____
_____ **TEL. #** _____

SCHOOL: _____
ADDRESS: _____ **TEL. #** _____

**HIGH SCHOOL RECOMMENDATION FORM FOR GRADES 7-12 APPLICANTS
FROM GUIDANCE COUNSELOR**

TO THE GUIDANCE COUNSELOR:

The student whose name appears above is applying for admission to St Scholastica's College. Your evaluation of her academic performance will help our Committee in making final selections for admission. Please complete this form and mail or return it to the applicant. Use the envelope provided for you. Please seal and sign your name across the flap. All information, reports and recommendations about the applicant are kept confidential.

PSYCHOLOGICAL TEST PROFILE (taken during the last two years)

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:

	Excellent	Above Average	Average	Below Average	Poor
Cooperativeness					
Emotional Stability					
Honesty & Integrity					
Motivation					
Leadership Qualities					
Obedience to School Rules					
Work Habits					

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

2. Is the applicant active in and occupying any leadership position in her class or any student organization in your school?

3. Has the applicant been subjected to any disciplinary action? If yes, please state briefly what this was.

4. If applicable, describe any past or present physical or other form of illness/difficulty/ problem that has seriously interfered with her studies.

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

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: _____