



### 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

#### 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>	<b>NOT RECOMMENDED</b>	<b>RECOMMENDED with RESERVATION</b>	<b>RECOMMENDED</b>	<b>STRONGLY RECOMMENDED</b>
<b>For ACADEMIC PROMISE</b>				
<b>For CHARACTER and PERSONAL PROMISE</b>				
<b>OVERALL</b>				

<b>GUIDANCE COUNSELOR</b>	
NAME (please print): _____	SIGNATURE: _____
CONTACT #: _____	DATE: _____