



LOURDES SCHOOL OF MANDALUYONG

Shaw Boulevard corner Saint Francis Street, Greenhills East, Barangay Wack-Wack, Mandaluyong City 1552
P.O. Box 12959, Ortigas Center, Pasig City 1605

PAASCU ACCREDITED LEVEL II

RECOMMENDATION FORM

NAME OF STUDENT APPLICANT: _____
Family Name Given Name Middle Initial

NAME OF CURRENT SCHOOL: _____

To the Applicant: This form may be accomplished only by any two (2) of the following: (a) Principal, (b) Guidance Counselor, or (c) Teacher-Adviser. Preferably, chosen evaluators must have been acquainted with student applicants for at least one year.

Verification/Authorization

I knowingly and voluntarily consent to the disclosure and processing of my personal information and other sensitive data (e.g., disciplinary records and special need/s, psycho-emotional condition, and/or physical disability) contained in this application form to Lourdes School of Mandaluyong for the purpose of assessing my application to Lourdes School of Mandaluyong. I waive my right to inspection and correction of the contents of this recommendation form.

Signature over Applicant's Name in Print Date Signature over Applicant's Parent/Guardian's Name in Print Date

To the Evaluator: Please completely and honestly fill-out this form. Your candid evaluation will be appreciated and will help us assess the application of the student. Information contained in this form will be treated with utmost confidentiality. After accomplishing this form, please return it to the applicant in a sealed envelope with your signature across the flap. Unsealed or unsigned recommendation forms, including those with tampered seals, will not be accepted. Thank you very much. Pax et bonum!

1. Please check the appropriate box describing the student applicant's...

	Above Average	Average	Below Average	No chance to observe
...Intellectual ability				
a. Analytical thinking				
b. Creativity				
c. Problem solving				
...Communication skills				
d. Oral				
e. Written				
...Psychosocial capacity				
f. Overall attitude				
g. Ability to work with others				
h. Emotional maturity				
...Study habits or self-motivation				
...Discipline and integrity				
...Leadership				

2. Does the applicant have special learning needs, psychological-emotional condition, or physical disability; and has record on tardiness, absences or any serious disciplinary case? If yes, please explain below. Please use the back or another page if needed.

3. Please check the box that corresponds to the student applicant's current academic ranking vis-à-vis his...

	Top 10% and above	Below Top 10% but in Top 25%	Middle 50%	Lower 25%	4. Please indicate the total number of students in his...
...Class/section					
...Grade Level/batch					

5. Considering the applicant's character and aptitude, what is your overall recommendation regarding the question of his transfer to Lourdes School of Mandaluyong?

Strongly recommended Recommended Recommended with reservation Not recommended

NAME AND SIGNATURE OF EVALUATOR: _____
Please affix your signature over your name written in block print.

DESIGNATION: _____ **DATE ACCOMPLISHED:** _____

CONTACT NUMBER(S): _____