



**PHILIPPINE CHRISTIAN GOSPEL SCHOOL**  
 Junquera Street, Cebu City 6000

**RECOMMENDATION FORM (Confidential)**  
 (To be filled out by the Principal, Guidance Counselor or Class Adviser)

Name of Applicant: \_\_\_\_\_ Applying for: \_\_\_\_\_

The above-named applicant is seeking admission to Philippine Christian Gospel School for school year \_\_\_\_\_. Your assistance in providing relevant information would be very much appreciated. All information will be handled professionally and confidentially.

**PART A (Please put a check mark before the word that best describes the applicant.)**

<p><b>a. Academic ability</b></p> <input type="checkbox"/> outstanding <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> below average <input type="checkbox"/> no basis for judgment	<p><b>b. Ability to work with others</b></p> <input type="checkbox"/> always work well <input type="checkbox"/> usually effective <input type="checkbox"/> sometimes unable to cope <input type="checkbox"/> has great difficulty in a group <input type="checkbox"/> no basis for judgment	<p><b>c. Ability to work independently</b></p> <input type="checkbox"/> always work alone <input type="checkbox"/> needs help occasionally <input type="checkbox"/> needs help frequently <input type="checkbox"/> requires supervision <input type="checkbox"/> no basis for judgment
<p><b>d. Oral expression of ideas</b></p> <input type="checkbox"/> exceptional <input type="checkbox"/> good <input type="checkbox"/> only when called on <input type="checkbox"/> wants to dominate <input type="checkbox"/> no basis for judgment	<p><b>e. Concentration</b></p> <input type="checkbox"/> exceptional <input type="checkbox"/> usually good <input type="checkbox"/> occasionally distracted <input type="checkbox"/> easily distracted <input type="checkbox"/> no basis for judgment	<p><b>f. Self-confidence</b></p> <input type="checkbox"/> has healthy self-image <input type="checkbox"/> appears overly confident <input type="checkbox"/> needs some support <input type="checkbox"/> needs much reassurance <input type="checkbox"/> no basis for judgment
<p><b>g. Conduct</b></p> <input type="checkbox"/> well-behaved <input type="checkbox"/> usually obeys rules <input type="checkbox"/> misbehaves occasionally <input type="checkbox"/> misbehaves frequently <input type="checkbox"/> no basis for judgment	<p><b>h. Adjusts socially with peers</b></p> <input type="checkbox"/> healthy relationships <input type="checkbox"/> occasional minor adjustment <input type="checkbox"/> frequent minor problems <input type="checkbox"/> relates poorly <input type="checkbox"/> no basis for judgment	<p><b>i. Study habits</b></p> <input type="checkbox"/> well organized <input type="checkbox"/> organized <input type="checkbox"/> easily distracted <input type="checkbox"/> poor <input type="checkbox"/> no basis for judgment

**PART B:**

- Does this applicant have any outstanding abilities or significant limitations that affect school performance?  No  Yes. Please explain. \_\_\_\_\_
- Is the applicant involved in any of the following extra-curricular activities?  No  Yes, please check where applicable.  arts  choir / glee  drama / theater  band / instrument ensemble  sports  
Others, please specify: \_\_\_\_\_
- How do the parents of the applicant deal with the school?  
 cooperative  uninvolved  overly protective  antagonistic  no basis for judgment
- How would you rank the applicant's academic performance in his/her class?  
 Top 10%  First quartile  Second quartile  Third quartile  Fourth quartile
- Has the applicant been subjected to disciplinary action?  No  Yes. Please explain. \_\_\_\_\_
- Please write any additional comments about the applicant's academic strengths and weaknesses, learning style, social skills and/or personal qualities. \_\_\_\_\_

**RECOMMENDATION:**

 Strongly recommended for admission  
 Recommended for admission but with some reservations.  
 Not recommended for admission

*I hereby certify that the information given are true and correct as to the best of my knowledge.*

SIGNATURE OVER PRINTED NAME: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_  
 CONTACT #(s) \_\_\_\_\_ FAX # \_\_\_\_\_

**PLEASE  
 AFFIX  
 SCHOOL  
 SEAL HERE**

Thank you for taking time to complete this evaluation. May we contact you for further information?  Yes  No  
*This form should be released in a sealed envelope stamped **CONFIDENTIAL** and signed across the flap of the envelope by the evaluator.*