



ST. THERESA'S COLLEGE, Q.C.
 116 D. Tuazon Ave.; Brgy. Lourdes,
 Quezon City, Philippines, 1114
 740- 1802/ 740- 1821
 http://www.stcqc.edu.ph

RECOMMENDATION FORM

(to be accomplished either by the school administrator, guidance counselor/class adviser)

Name of Student Applicant _____

Last

First

Middle

School Currently Enrolled in _____

School Address: _____ Contact No. _____

Grade Level Completed in Current School: _____

1. Academic Achievement:

The student applicant's academic rank

____ Top 10% ____ Top 25% ____ Middle 50% ____ Lower 25%

Please specify any particular strengths and/or difficulties the student has. _____

Please check the student applicant's most recent performance rating in the following areas:

2. Behavior in class/school

Excellent Very Good Good Satisfactory Needs Improvement

Please specify any behavioral concerns about the student that may need teacher's attention.

lack of or no eye contact short attention span moves a lot/ fidgety
 poor social skills speech delay others: (specify) _____

3. Is the child fit to attend a traditional school setting? YES NO, Why? _____

Recommendation:

Strongly Recommended
 Recommended
 Recommended with Reservation because _____
 Not Recommended because _____

Signature over Printed Name

Position

Date

**Please return this form to the applicant in a sealed envelope, with your signature across the flap.
 The applicant will then submit the sealed envelope to STCQC Guidance and Counseling Center.**

Please affix school dry seal here