OPERATION BROTHERHOOD MONTESSORI CENTER
# 3 Eisenhower St., Greenhills
San Juan, Metro Manila
Tel # 7229720 – 27 loc. 239/240

RECOMMENDATION FORM
(For the Class Adviser/Guidance Counselor)

Name of Student ____________________________________________________________
Surname ___________________________________________________________________
First Name __________________________________________________________________
Middle Name __________________________________________________________________
School ________________________________________________________________________

Address of School __________________________________________ Telephone No. __________

As the guidance counselor / class adviser of the applicant, please give us your appraisal on the qualities of the applicant. Check the column that corresponds to your responses.

**Ratings:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Excellent</th>
<th>Above Standard</th>
<th>Standard</th>
<th>Needs Improvement</th>
<th>Poor</th>
</tr>
</thead>
</table>

**A. Personal Characteristics**

1. General Disposition (*always appears happy and cheerful*)
2. Obedience (*always observes school rules and regulations*)
3. Honesty and Integrity (*highly trustworthy*)
4. Independence (*able to carry out tasks on his/her own*)
5. Self-confidence (*has a positive and high self-esteem*)

**B. Academic Performance**

1. Reading comprehension (*able to read and comprehend materials for the level applied to*)
2. Oral communication skills (*has good command of English*)
3. Written communication skills (*expresses thoughts and ideas fluently in writing*)
4. Analytic / quantitative skills
5. Study Habits (*works independently and submits requirements on time*)
6. Attendance & Punctuality

**C. Behavior at Work**

1. Focus / concentration on task (*able to work with full concentration*)
2. Motivation / initiative (*needs no extra motivation to work on assigned task/s*)
3. Sense of responsibility (*always completes work set out to do*)
4. Perseverance (*mostly persists when given difficult tasks*)
5. Pace of work (*can finish the cycle of work within the prescribed period*)
6. Organizational Skills (*keeps things in order and ensures completeness of materials needed*)

**D. Social Behavior**

1. Sociability (*enjoys the company of many friends*)
2. Leadership Potential (*has the ability to lead and positively influence others*)
3. Maturity (*able to cope with most situations and respond positively to difficult situations*)
4. Concern for others (*mindful of the feelings of others*)
5. Respect for authority (*recognizes teachers and school authority*)
6. Acceptance of criticism (*accepts corrections and criticisms positively*)
7. Ability to express feelings with confidence
8. Personal grooming / hygiene (*neat and well-groomed all the time*)
Please answer the following questions:

1. What do you consider the applicant’s talents or strengths?

_____________________________________________________________________________

_____________________________________________________________________________

2. What do you consider the applicant’s weaknesses?

_____________________________________________________________________________

_____________________________________________________________________________

3. In what areas can the applicant improve on? Has he / she worked on these areas?

_____________________________________________________________________________

_____________________________________________________________________________

4. Has the applicant ever been involved in any disciplinary cases? __ Yes __ No

☐ Habitual tardiness ☐ Cutting classes/school ☐ Any form of cheating ☐ Falsification of school records

☐ Discourtesy to adults and peers ☐ Bullying ☐ Fighting/Hurting ☐ Use or possession of drugs/paraphernalia

☐ Vandalism ☐ Smoking ☐ Stealing ☐ Fraternity/Sorority ☐ Others: ______________________

If he/she has committed any of the offenses stated above, please state the following:

Sanction Given

_____________________________________________________________________________

Period Covered

_____________________________________________________________________________

5. Does the applicant have any problem/s (physical/ psychological/ emotional) that can hamper his/her academic and behavioral performance? __ Yes __ No If yes, please explain.

_____________________________________________________________________________

_____________________________________________________________________________

6. Has the applicant been diagnosed of having special needs (AD/HD, Autism, Learning Disability, etc.) __ Yes __ No If yes, is he/she receiving any professional intervention and/or support? Please specify.

_____________________________________________________________________________

_____________________________________________________________________________

7. Are the applicant’s parents cooperative and supportive in working with the school (attend Parent-Teacher Conferences & other school activities; respects and abides school’s policies.)? Please elaborate.

_____________________________________________________________________________

_____________________________________________________________________________

8. How long have you known the applicant?

_____________________________________________________________________________

_____________________________________________________________________________

Recommendation:

☐ I strongly recommend ☐ I recommend him / her with reservations

☐ I recommend ☐ I do not recommend

_______________________________  ______________________________
Name                                      Position

_______________________________  ______________________________
Signature                                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 OB Montessori Center, Admissions Office.

Please affix school dry seal here

sag@2014