



De La Salle-College of Saint Benilde
Center for Admissions
2544 Taft Avenue Malate, Manila, Philippines 1004
Tel no: +63 2 8230-5100 local 1803
Email: seniorhighschool.application@benilde.edu.ph

Name of Applicant: _____ Sex: _____
Surname First name Middle name
School: _____ Years Attended: _____ to _____
School Address: _____

To the Applicant:
Write the information needed above. This form is to be accomplished by the counselor, homeroom adviser, or discipline officer only. Afterwards, submit to the Center for Admissions. The Center reserves the right to render the form invalid if the explanation for a substitute rater is unsatisfactory.

Verification/Authorization:
I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information (disciplinary records) and special need, psycho-emotional condition, and physical disability) contained in this form to Benilde Senior High School for purpose of assessing my application. The information will be shared with members of the admissions committee. I waive my right to inspection and correction of the contents of this recommendation form.

Printed Name & Signature of Applicant _____ Date _____
Printed name and Signature of Parent/Guardian _____ Date _____

To the Evaluator:
The above person is applying for admission to De La Salle-College of Saint Benilde. Please give your assessment of the applicant carefully and fill out the form completely. After accomplishing this form, please return to the applicant with your signature. Unsigned recommendation form will not be accepted. Thank you very much for your assistance.

A. General Assessment: How would you assess the applicant using the following criteria?
Table with 4 columns: Above Average, Average, Below Average, No Chance to Observe. Rows include: Problem Solving, Creativity, Analytical Thinking, Collaboration/Teamwork, Oral Communication, Written Communication, Leadership, Motivation to study.

B. General Description. Did the applicant declare or manifest any special learning needs, psychological-emotional conditions, or physical disability while enrolled in your school? If yes, please specify.

C. Discipline/Behavior Description. Has the applicant been involved in any minor (less serious) or (serious) - disciplinary cases/offenses? What is the nature of the offense?

What is the corresponding responsibility/formative intervention and/or penalty that was implemented by your school?

D. Summary Evaluation. Considering the applicant's character and attitude, your overall recommendation is:
[] Strongly Recommended [] Recommended [] Recommended With Reservation [] Not Recommended
Explanation and/or comments: (Use extra sheet/s if necessary) _____

Printed Name and Signature of Evaluator _____
Tel./Contact Nos. _____
Email: _____
Date Accomplished _____
Length of time acquainted with the applicant _____

Position (Pls. tick one)
[] Counselor [] Homeroom Adviser [] Discipline Officer