



# DON BOSCO TECHNICAL INSTITUTE

Chino Roces Ave., Makati City  
Telephone Numbers: 892-01-01 to 08

## RECOMMENDATION

The student whose name appears below has applied for admission to Don Bosco Technical Institute – Makati. This Evaluation is an important part of the applicant's credentials, and your cooperation in providing a full and candid report will be greatly appreciated. (To be accomplished by either School Principal/Director, Class Adviser or Guidance Counselor)

Name of Applicant: \_\_\_\_\_

Grade/Level applying for: \_\_\_\_\_

School: \_\_\_\_\_

1. Please evaluate the applicant on the following area by placing a check mark in the appropriate column:

	Never	Occasionally	Usually	Always
The student demonstrates self-discipline				
The student displays ability to focus on a given task				
The student shows ability to develop friendships				
The student is able to work independently for an age-appropriate period of time				
The student displays a well-balanced temperament				
The student shows concern for others				
The student is respectful and courteous to peers and adults				
The student responds positively to the challenges of academic work				
The student demonstrates an age-appropriate reaction to criticism				
The student shares materials				
The student cooperates with others during group activities				
The student exhibits age-appropriate study habits and organizational ability				

2. Describe any particular area of academic strength or weakness.

\_\_\_\_\_

\_\_\_\_\_

3. Has the applicant in any way been a behavioral problem? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

4. Do the parents of this pupil demonstrate an interest in and are involved in their child's education? \_\_\_\_\_

\_\_\_\_\_

5. I recommend this applicant: *(Please check the appropriate box)*

	Not recommended	With reservation	Recommended	Strongly Recommended	Highly recommended
CHARACTER					
ACADEMIC ABILITY	<input checked="" type="checkbox"/>				

Name of Recommending Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

School: \_\_\_\_\_

Date accomplished: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**Note:**

Please submit this form to Don Bosco Technical Institute, Registrar's Office on a sealed envelope.