LEGAL NAME	LAST NAME	FIRST NAME	MIC	DDLE NAME	
Grade Level, Track, and S	trand				
ATENEO DE MA LOYOLA SCHOOLS Office of Admission ar	ANILA UNIVERSITY		TEACHER'S RECOMME	ndation Form	
INSTRUCTIONS					
To the Applicant:	<ul> <li>A. Please write your name above using ink.</li> <li>B. Give this form to your guidance counselor or class adviser who knows you well enough and currently holds a position of authority over you in your present school.</li> <li>D. You understand that the information provided here will be used for evaluation purposes of the Committee on Admission. Hence, it will not be made available to you.</li> </ul>				
To the Person Recommending:	<ul> <li>A. The student whose name appears about the student whose name appears about the value your candid and honest eva</li> <li>C. After filling out this form, please email</li> <li>D. Countersign erasures and corrections</li> </ul>	luation of this applicant. Based of the filled out form directly to <b>on</b>	n your careful judgment, please t lineapplication.ls@ateneo.edu	fill out this form completely. I.	
GENERAL EVALUA	Above Average	applies.) Average	Below Average	No Chance To Observe	
Oral					
Written					
Leadership					
Motivation					
Consistency of Perfo					
Emotional Stability					

## COMMENTS

Your honest evaluation of the applicant will help the Committee on Admission and Aid to decide on his/her application (e.g., intellectual strengths and weaknesses, level of maturity, sense of service to school and community). You may use a separate sheet if needed.

## OVERALL RECOMMENDATION

STRONGLY RECOMMENDED
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- RECOMMENDED
- RECOMMENDED WITH RESERVATION (Please state reason/s on the lines provided above or on a separate sheet if needed.)

NOT RECOMMENDED (Please state reason/s on the lines provided above or on a separate sheet if needed.)

	PLEASE DO NOT LEAVE THIS PART BLANK
Accomplished By:	Official Name of School:
Signature & Date:	
Position:	Complete Address:
Subject Taught:	
E-mail Address:	Contact Number/s: