



**GUIDANCE COUNSELOR'S
 RECOMMENDATION FORM**

TO THE APPLICANT: PLEASE FILL IN THE ITEMS IN THIS ENCLOSED SECTION. WRITE OR PRINT YOUR ANSWER.

<p>NAME</p> <p style="text-align: center;"> LAST FIRST MIDDLE </p> <hr/> <p>OFFICIAL NAME OF CURRENT/ LAST SCHOOL</p> <hr/> <p>ADDRESS</p> <p style="text-align: center;"> STREET MUNICIPALITY OR CITY </p> <hr/> <p style="text-align: center;"> PROVINCE OR COUNTRY ZIP CODE </p>	<p>Attach 2 x 2 PHOTO</p>
---	-----------------------------------

I UNDERSTAND THAT I MAY NOT READ THIS EVALUATION AND THAT I WILL NOT SEEK TO DO SO EITHER WHILE I AM APPLYING OR SUBSEQUENTLY ACCEPTED.

APPLICANT'S SIGNATURE

DATE

AFTER COMPLETING THIS PORTION, GIVE THIS FORM AND ENVELOPE TO YOUR GUIDANCE COUNSELOR.

TO THE COUNSELOR: The student whose name appears above is studying or has studied in your school and is applying for admission in GT Northeast Academy. Please take time to fill up this form. **THE EVALUATION OF THE APPLICANT CANNOT BE COMPLETED WITHOUT THIS RECOMMENDATION.**

PLEASE WRITE OR PRINT YOUR RESPONSES. INITIAL ALL ERASURES AND CORRECTIONS MADE. WHENEVER THE SPACE ALLOTTED FOR AN ITEM IS INSUFFICIENT, PLEASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION THAT COULD HELP US IN OUR EVALUATION.

A. THE COUNSELOR'S ASSESSMENT

The Applicant's Performance

1. Which positive personal qualities may be attributed to this student? (Please check the appropriate boxes and provide details when necessary.)

- Academic Performance _____
- Talent _____
- Character/Values _____
- Leadership/Peer Influence _____
- Extra-Curricular Activities _____
- Respect from family, teachers _____
- Others (please specify) _____

2. Which of the following circumstances interfere with the applicant's achievement? (Please check the appropriate boxes and provide details when necessary.)

- Academic Weaknesses (please specify) _____
- Illness _____
- Negative Peer Influence _____
- Excessive Involvement in Extra-Curricular Activities _____
- Difficult Home Situation _____
- Personality, Character (please specify) _____
- Emotional, Social Disorder _____
- Others (please specify) _____



3. Consider the items on the left as you recommend the applicant for admission. (Check the appropriate column.)

	Not Recommended	Recommended with Reservation	Recommended w/o Reservation	Strongly Recommended	One of the top few I have encountered
Academic Potential					
Interest & Potential for Social Action					
Leadership in Organizations					
Character and Attitude					
Overall Rating					

This report is based on:

- Personal Observation of the applicant
- Students’ comments
- Teachers’ comments
- School records
- Other observations, specify _____
- Other records, specify _____

PLEASE REVIEW YOUR RESPONSES AND MAKE SURE THEY ARE ALL COMPLETE AND ACCURATE.

NAME OF GUIDANCE COUNSELOR
OFFICE ADDRESS
TELEPHONE NO.

_____ SIGNATURE

_____ DATE

AFTER ACCOMPLISHING THIS FORM, PLEASE FOLD AND SEAL IN THE ENVELOPE PROVIDED BY THE GT NORTHEAST ACADEMY. SIGN ON THE FLAP AND RETURN TO THE STUDENT FOR SUBMISSION TO OUR OFFICE. AN UNSEALED AND UNSIGNED RECOMMENDATION FORM IS NOT VALID AND WILL NOT BE ACCEPTED.

Thank you for completing this student’s recommendation to our school. Should there be a need for clarification, please do not hesitate to contact us.

All ratings, responses and recommendations in this form and attachments are regarded as confidential.