



CHEVALIER SCHOOL, INC.

McArthur Hi-way, Sto. Domingo, Angeles City

Telephone Nos: 045626-0569, 09691989477

09674064534

Website: www.chevalierschool.edu.ph

Senior High School Recommendation Form

The person whose name appears below has applied for admission at Chevalier School, Inc. We request this recommendation form to be completed by the **CLASS ADVISER**. Your evaluation of the applicant will help the Admission Committee's selection process.

Applicant's Name:

Last

First

Middle Name

Current School: _____ Contact #: _____

Address: _____ Date: _____

Evaluator's Name: _____ Position: _____

Signature: _____

How long have you known the applicant? _____ In what capacity? _____

For each category, check the most appropriate box.

	Outstanding	Good	Fair	Poor
Academic Achievement				
Attendance				
Communication skills				
Maturity				
Self-relianceindependence				
Social skills				
Ability to focus				
Leadership qualities				
Conduct				

The applicant's scholastic average is _____ as of _____, 20____.

Has the applicant been subjected to any disciplinary action? ☐ Yes ☐ No

If yes, kindly check (✓) or specify the applicable behavior/s below.

____ Drinking alcoholic beverage

____ Physical Assault

____ Fraternity/Sorority

____ Stealing/Theft

____ Smoking

____ Possession of Dangerous Weapon

____ Tardiness

Others _____

Medication / Therapy

Has he/she been under medication/therapy? ☐ Yes ☐ No

If yes, the treatment/therapy is aimed at addressing

☐ Psychological problems

☐ Developmental/Learning disabilities

☐ Physical health issues

Overall Recommendation

☐ This applicant receives my highest recommendation without reservation.

☐ I recommend this applicant with confidence.

☐ I recommend this applicant.

☐ I would not recommend this applicant for admission.

Note: Please return to the applicant in a sealed envelope with your signature across the flap. Thank you for your time.

Medication / Therapy

Has he/she been under medication/therapy? ☐ Yes ☐ No

If yes, the treatment/therapy is aimed at addressing

☐ Psychological problems ☐ Developmental/Learning disabilities ☐ Physical health issues

Overall Recommendation	<input type="checkbox"/> This applicant receives my highest recommendation without reservation	<input type="checkbox"/> I recommend this applicant with confidence	<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I would not recommend this applicant for admission
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***Note: Please return to the applicant in a sealed envelope with your signature across the flap.
Thank you for your time.***

