



JCSGO CHRISTIAN ACADEMY
A Ministry of Jesus Christ Saves Global Outreach
GUIDANCE CENTER

CLASS ADVISER'S / COUNSELOR'S RECOMMENDATION

To the Applicant: Please fill in the items enclosed in this section. Type or print your answers.

Name: _____
 LAST FIRST MIDDLE
Complete Name of Current/Last School: _____
Complete School Address: _____
 Street Municipality or City

I understand that I will not read this evaluation and that I will not seek to do either while I am applying or subsequently.

_____ Date

Applicant's Signature

After completing this portion, give this form and a white envelope to your class adviser/counselor. Do not write below this line/area.

To the Class Adviser / Counselor: The student whose name appears above is studying or has studied in your school and is applying for admission in JCSGO Christian Academy. Your help in providing us with specific information about him/her accomplishments and qualification is most welcomed.

Please type or print your responses. Initial all erasures and corrections made. Should the space allotted be insufficient, please feel free to attach additional information that could help us in our evaluation.

A. THE ADVISER'S / COUNSELOR'S ASSESSMENT

1. The Applicant's Profile

CATEGORIES	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS
Communication Skill						
Interpersonal Skill						
Self-Discipline						
Emotional Stability						
Creativity						
Extra-Curricular Involvement						
Leadership Potential						
Over-All Intellectual Capacity						

2. Has the applicant been subjected to any disciplinary action? Yes No
If yes, please state the following: _____
 Offense Penalty Period Covered

3. Please write down the applicant's strengths and weaknesses and/or specific problems we should be aware of:

4. How long have you known the student? _____

B. THE ADVISER'S / COUNSELORS RECOMMENDATION

Please check the single appropriate box:

- The student is STRONGLY RECOMMENDED
- The student is RECOMMENDED
- The student is RECOMMENDED WITH RESERVATION due to _____
- This student is NOT RECOMMENDED

Adviser's / Counselor's Name: _____ Signature: _____
Office Address: _____ Date: _____

Please seal this form in an envelope and sign on the flap. Return to the student for submission to our office. An unsealed and unsigned recommendation is not valid and will not be accepted.

Thank you for completing this student's recommendation form. Should be there be a need for clarification, please do not hesitate to contact us at:

THE GUIDANCE CENTER
JCSGO Christian Academy
#156 15th Avenue Murphy, Cubao, Brgy. San Roque, Quezon City
Tel. No. 8995-77-35 / 3437-1532
Fax No. 8995-77-35

All ratings, responses and recommendation in this form and attachments are regarded with utmost confidentiality.