LEADERSHIP PERFORMANCE TESTIMONY FORM (Form No. HAA-03)

TO THE RATER
The student named below is being nominated for a graduation award. In connection, please accomplish this Leadership Performance Testimony Form in behalf of your office. You may wish to involve your constituents in the evaluation by having the form photocopied and disseminated to them. However, only this original form with your signature should be returned to the nominee in the envelope provided. Please seal and sign across the envelope flap. If you do not have sufficient information about the applicant in order for you to objectively rate his/her performance, kindly return the form to the student applicant. Thank you.

DATE
STUDENT NAME (LAST NAME, FIRST, MIDDLE NAME)
STUDENT ID NO.: DEGREE PROGRAM
RATING                  POINTS
Excellent                9 -10
Very Good                 7-8
Satisfactory              5-6
Moderately Satisfactory   3-4
Poor                      1-2

_________________________________________
SIGNATURE ABOVE PRINTED NAME OF RATER

________________________    _________________
POSITION / DESIGNATION      DATE

The nominee
1. Expresses ideas and proposals effectively
2. Converts ideas into plans of action
3. Takes initiative to provide service to constituents and target clientele
4. Practices what he/she preaches
5. Gives recognition to the contributions of co-workers
6. Meet tasks responsibilities of the position
7. Involves and develops fellow officers and members in the planning and implementation of the projects and activities
8. Listens and gives importance to the views of others
9. Seeks mutually-beneficial solutions to conflicts
10. Inspires cooperation among fellow officers and members

TOTAL POINTS ___________

IMPORTANT
The rater is expected to provide remarks about the nominee in relation to his/her leadership performance.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

De La Salle University
HONORS AND AWARDS COUNCIL
**LASALLIAN CHARACTER TESTIMONY FORM** (Form No. HAA-04)

**TO THE RATER**

The student named below is being nominated for a graduation award. In this connection, please accomplish this Lasallian Character Testimony Form to assess how well the nominee embodies the true Lasallian character. Once accomplished, please return the form to the nominee in the envelope provided. Please **seal and sign** across the envelope flap. If you do not have sufficient information about the applicant in order for you to objectively assess his/her character, kindly return the form to the student applicant. Thank you.

**DATE**

**STUDENT NAME (LAST NAME, FIRST, MIDDLE NAME)**

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<td>Poor</td>
<td>1 - 2</td>
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**SIGNATURE ABOVE PRINTED NAME OF RATER**

**POSITION / DESIGNATION**

**DATE**

The nominee

1. Demonstrates integrity in dealing with others __________________________________________

2. Fulfills commitments ________________________________________________________________

3. Demonstrates healthy self-esteem and humility in dealing with difficult people __________________________

4. Shows respect for authority but is unafraid to question _________________________________

5. Demonstrates resilience in the face of personal failure and disappointment ____________________________

6. Shows consideration for others regardless of social status ____________________________

7. Observes rules and regulations, not blindly but with understanding ____________________________

8. Observes propriety in word and deed even when unsupervised _____________________________

9. Exemplifies Lasallian values of faith, service and communion _____________________________

10. Behaves as a mature and responsible individual _________________________________________

**TOTAL POINTS**

**IMPORTANT**

The rater is expected to provide remarks about the nominee in relation to his/her Lasallian character.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
# COMMUNITY SERVICE TESTIMONY FORM  (Form No. HAA-05)

**TO THE RATER**

The student named below is being nominated for a graduation award. In this connection, please accomplish this Community Service Testimony Form to assess the nominee's involvement in and contribution to community outreach projects. Once accomplished, please return the form to the nominee in the envelope provided. Please **seal and sign** across the envelope flap. If you do not have sufficient information about the applicant in order for you to objectively rate his/her performance, kindly return the form to the student applicant. Thank you.

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**STUDENT NAME (LAST NAME, FIRST, MIDDLE NAME)**

**STUDENT ID NO.:**

**DEGREE PROGRAM**

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**SIGNATURE ABOVE PRINTED NAME OF RATER**

**POSITION / DESIGNATION**

**DATE**

The nominee

1. Initiates activities and projects of service to a specific community __________________________ [ ]

2. Participates extensively in the implementation of the project ______________________________ [ ]

3. Contributes significantly to the group effort of improving the community's resources ___________ [ ]

4. Is able to involve the members of the community throughout the activity _____________________ [ ]

5. Is able to work well with others throughout the project ________________________________ [ ]

**TOTAL POINTS**

[ ]

**IMPORTANT**

The rater is expected to provide remarks about the nominee’s participation in a **specific community development project.**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________