



# De La Salle University

INTEGRATED SCHOOL

## GUIDANCE TRANSITION CERTIFICATE

1. NAME OF APPLICANT

2. GRADE LEVEL APPLIED FOR

3. RECOMMENDATIONS/COMMENTS ON THE APPLICANT’S PERFORMANCE IN THE FOLLOWING AREAS:

Academics		
Personal and Social Development		
Spiritual / Moral Development		
Family Relations		
Psychological Test (e.g. NCAE, standardized, achievement, career, personality, etc.)		
Name of Test	Date Taken	Result/s

4. PLEASE PUT AN “X” MARK ON THE SPACE THAT BEST DESCRIBES THE CHILD.

	EXCELLENT	VERY GOOD	GOOD	POOR	NOT OBSERVED
Intellectual Ability					
Diligence in Study / Work Attitude					
Communication Skills					
Oral					
Written					
Initiative					
Maturity					
Leadership Ability					
Emotional Ability					
Social Ability					
Physical Ability / Fitness					
Moral Fitness / Integrity					

5. OTHER THAN THOSE INDICATED ABOVE, WHAT ARE THE APPLICANT’S STRONG POINTS?

6. WHAT ARE THE APPLICANT’S AREAS FOR IMPROVEMENT?

7. CONSIDERING HOW WELL YOU KNOW THE STUDENT, IN WHICH TRACK AND STRAND DO YOU THINK THE STUDENT WILL LIKELY TO SUCCEED?

TRACK: \_\_\_\_\_

STRAND: \_\_\_\_\_

IN HIS / HER BATCH, THE APPLICANT BELONGS TO THE:

Top Ten ☐

Upper 25% ☐

Middle 50% ☐

Lower 25% ☐

Based on academic aptitude, the child is	<input type="checkbox"/> Strongly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended w/ Reservation
Based on character and attitude, the child is	<input type="checkbox"/> Strongly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended w/ Reservation
Based on overall performance, the child is	<input type="checkbox"/> Strongly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended w/ Reservation

NAME OF COUNSELOR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SCHOOL \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_