



**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  Strongly Recommended  Recommended  Recommended w/ Reservation  
 Based on character and attitude, the child is  Strongly Recommended  Recommended  Recommended w/ Reservation  
 Based on overall performance, the child is  Strongly Recommended  Recommended  Recommended w/ Reservation

NAME OF COUNSELOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_