

RECOMMENDATION



NAME OF APPLICANT

Last Name	First Name	Middle Name
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APPLICANT: Please print your name in the space provided and send this form to the person who will provide us with an assessment of your competence.

DEAR APPRAISER: The person named above is applying for admission to SMART Mentors. You will greatly assist the applicant by providing the information requested below. We are very interested in comments from individuals who are familiar with the applicant.

Any information you provide will be considered strictly confidential. We do not want to limit your answers so please use additional sheets if necessary. We would like to thank you for your time and effort in completing this form.

Details of Person Completing this form

Last Name	First Name	Middle Name
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Position/Title	Division/Department
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School/Company/Organization	Address
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Number	Street	Subdivision/Village
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Barangay	City	Province	Postal Code
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1. How long have you known the applicant and in what capacity?

2. What are the applicant's strong points?

3. What are his/her areas for improvement?

4. Do you know of any medical or emotional condition which might affect the applicant's performance in this Program? If yes, please elaborate.

5. Can you comment on the applicant's
 - a. Moral Character

 - b. Potential for success into a position of responsible leadership

6. Please rate the applicant based on the items below. Kindly check the appropriate box.

	Outstanding	Very Good	Average	Poor	Unable to Judge
Analytical Ability					
Oral communications skills					
Written communications skills					
Initiative					
Maturity					
Interpersonal skills					
Leadership Ability & Potential					
Achievement Motivation					
Ability to work under pressure					
Moral fitness/Integrity					

I recommend the admission of the applicant to SMART Mentors

Signature	Date
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Please enclose the accomplished form in an envelope and seal it. Affix your signature/initial on the closed "flap" of the envelope.