



DE LA SALLE - CANLUBANG  
LEANDRO V. LOCSIN CAMPUS  
INTEGRATED SCHOOL DEPARTMENT

*Laguna Blvd., LTI Spine Road Bgy. Malamig &  
Bgy. Biñan  
Biñan, Laguna, Philippines  
Tel. No. (02) 6700-1111 to 1113*

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## GUIDANCE TRANSITION CERTIFICATE

ISGO Form 1

Dear Counselor/Adviser:

Greetings in St. La Salle!

For a smooth transition of your student to our institution, we would like your good office to accomplish and enclose the attached Guidance Transition Certificate Form in a pre-stamped envelope provided for by the applicant addressed to:

**THE GUIDANCE COUNSELOR  
GUIDANCE INTEGRATED SCHOOL  
For Grade Level \_\_\_\_\_**

DE LA SALLE CANLUBANG  
LEANDRO V. LOCSIN CAMPUS  
Laguna Blvd., LTI Spine Road  
Bgy. Malamig & Bgy. Biñan  
Biñan, Laguna, Philippines

Please seal the envelope with your signature across the flap and a transparent tape on top of it. The document will then be mailed to the address stated above.

Your assistance will be highly beneficial to your applying student.

Thank you very much.

In St. La Salle,

The Guidance Counselor  
De La Salle Canlubang  
Integrated School



**DE LA SALLE CANLUBANG**  
 Leandro V. Locsin Campus  
 Laguna Boulevard, Biñan, Laguna  
 Guidance Integrated School  
 SY \_\_\_\_\_

**GUIDANCE TRANSITION CERTIFICATE**

1. Applicants Name: \_\_\_\_\_
2. Grade Level Applied for: \_\_\_\_\_
3. How long have you known the applicant: \_\_\_\_\_
4. Please indicate applicants' strong points other than those indicated in the chart below.
5. What are specific areas of his/her improvements? Areas that need to be followed-up.

6. Please give us recommendations/comments on the applicant's (potential for success as a student):

Academic Performance/Study Habits
Personal and Social Growth:
Spiritual/Moral Character
Family Wellness
Psychological Test Results Taken and date (RS/VD)

7. 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					
Clarity of Expression:					
Oral					
Written					
Initiative					
Maturity					
Leadership Ability					
Emotional Ability					
Social Ability					
Physical Ability/Fitness					
Moral Fitness/Integrity					

In his/her batch, the applicant belongs to the    Top Ten    Upper 25 %    Middle 50 %    Lower 25 %

Hence academic aptitude the child is  Strongly Recommended  Recommended  Recommended w/ Reservation  
 character and attitude the child is  Strongly Recommended  Recommended  Recommended w/ Reservation  
 overall recommendation is  Strongly Recommended  Recommended  Recommended w/ Reservation

(please attach xerox copy of form 137)

Name of Counselor: \_\_\_\_\_ Signature: \_\_\_\_\_

School: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_