

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
 CAMPUS: _____

STUDENT SCREENING FORM

TITLE OF ACTIVITY:
 DATE OF ACTIVITY:

NAME OF STUDENT/S	Academic Standing (%)	Attendance Record (%)	Student Behavior (%)	Leadership Skills (%)	Financial Capacity (%)	Additional Criterion (%)	TOTAL SCORE (Ave. %)	Remarks

Prepared by: _____
 Member/s, Screening Committee
 Date: _____

Noted by: _____
 Recommending approval:
 Date: _____

Approved by: _____
 Date: _____

Head, Screening Committee
 Date: _____
 PSHS-00-F-DSA-04-Rev0-12/05/16

DSA Chief
 Date: _____

Campus Director
 Date: _____