

Teacher's Recommendation Input Form

Student: _____

Counselor: _____

Teacher Name: _____

Course: _____

Return to student's counselor by _____

Teacher input is invaluable to the development of a complete and accurate college recommendation. Your time and thoughtfulness are appreciated.

Please answer the following questions on the basis of your contact with the student and give your overall impression.

1. What adjectives immediately come to mind describing this student?
2. In what ways can this student's academic performance be distinguished from other able student's? (E.g. intellectual curiosity, approach to learning)
3. What do you like best about the student? In what ways has he/she made an impact in your class or activity? Please provide examples.
4. Are there any factors that might interfere with the student's academic performance and/or personal relationships in college?
5. Is there anything else you would like to share about this student? (E.g. personal circumstances, unusual accomplishments)

Teacher Recommendation

Name: _____

Part 2: Check the single most appropriate box for each item. In complete the ratings, compare the student with other Hayfield Students.

	Fair	Average	Good	Excellent	Outstanding
Academic Motivation					
Academic Creativity					
Academic Self-Motivation					
Academic Growth Potential					
Leadership					
Self-Confidence					
Warmth of Personality					
Sense of Humor					
Concern for Others					
Energy					
Emotional Maturity					
Reaction to Setbacks					
Respect Accorded by Peers					
Respect Accorded by Faculty					