

Teacher Feedback Form
Please Return to Counselor

Student's Name (please print)

Counselor

THIS INFORMATION IS FOR COUNSELORS' USE ONLY.

	Below Average	Average	Good	Excellent	Top 5%
Academic Ability					
Intellectual Curiosity					
Personal Initiative					
Growth Potential					
Energy					
Creativity					
Self-Discipline					
Self-Confidence					
Maturity					
Concern for Others					
Warmth of Personality					
Sense of Humor					
Leadership Qualities					
Reactions to Setbacks					
Respect Accorded by Faculty					
Extracurricular Involvement					
Community Service Contributions					
Character/Personal Qualities					

Is the academic record of this student an accurate indication of the student's ability?
 Yes No If not, please describe the circumstances.

Please write a brief description of the candidate's capabilities, personality, level of insight in subject matter, and/or any special talents. Include comments pertinent to a recommendation for college or employment. Thank you for your help.

I recommend this student: With reservation Fairly Strongly
 Strongly Enthusiastically

Signed: _____ Date: _____

Name (Printed): _____ Subject Taught: _____