

Teacher Feedback Form
PLEASE RETURN TO COUNSELOR BY JUNE 15, 2004

Student's Name (Please Print) **Student ID #** _____
Counselor

THIS INFORMATION IS FOR COUNSELORS' USE ONLY.

	<u>Average</u>	<u>Good</u>	<u>Excellent (Top 10% but not top 2 or 3%)</u>	<u>Truly Outstanding Top 2 or 3%</u>
a. Motivation	—	—	—	—
b. Creative Qualities	—	—	—	—
c. Self-Discipline	—	—	—	—
d. Growth Potential	—	—	—	—
e. Leadership	—	—	—	—
f. Self-Confidence	—	—	—	—
g. Warmth of Personality	—	—	—	—
h. Sense of Humor	—	—	—	—
i. Concern for Others	—	—	—	—
j. Energy	—	—	—	—
k. Emotional Maturity	—	—	—	—
l. Personal Initiative	—	—	—	—
m. Reactions to Setbacks	—	—	—	—
n. Respect Accorded by Faculty	—	—	—	—

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

How would you compare the applicant to other students you have taught? Please check the single most appropriate box.

	<u>Average Good Or Below</u>	<u>Above Average</u>	<u>Excellent (next 10% this year)</u>	<u>Outstanding (top 5% this year)</u>	<u>One of the top few I have encountered in my career</u>
Academically	—	—	—	—	—
Character and Personal Qualities	—	—	—	—	—
Overall:	—	—	—	—	—

Signed: _____

Date: _____

Name (PRINTED): _____

Subject Taught: _____