

Teacher Side

Student Name: _____

Student ID: _____

Teacher Name: _____

Subject: _____

This information is used by counselors to write a more informed and personalized recommendation. Teachers' comments are profoundly important to the process and much appreciated.

TO BE COMPLETED BY TEACHER:

1. What are three words or phrases you would use to describe the student?

2. How does this student distinguish him/herself from his/her peers?

3. Describe talents, personality, or other factors which would help create a profile of this student's involvement in school:

4. Any additional comments:

5. Please fill out the rating chart below:

| | Average | Above Average | Excellent | No Basis for Judgment |
|-----------------------|---------|---------------|-----------|-----------------------|
| Motivation | | | | |
| Creative Qualities | | | | |
| Self-Discipline | | | | |
| Growth Potential | | | | |
| Leadership | | | | |
| Self-Confidence | | | | |
| Warmth of Personality | | | | |
| Sense of Humor | | | | |
| Concern for Others | | | | |
| Personal Initiative | | | | |
| Reactions to Setbacks | | | | |

Teacher's Signature: _____

Date: _____

Please return this form to Ms. Arata, Counseling Secretary

