*This form will be used to support your counselor in writing a recommendation letter and completing the Secondary School Report.* ***This is not a formal letter of recommendation to be submitted with applications.***

|  |  |
| --- | --- |
| Student Name: | Date Submitted: |
| Teacher: | Course(s): |

Please return form to my counselor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by (date) \_\_\_\_\_\_\_\_\_\_\_ .

***Teacher***: Your opinion is very helpful in the development of an accurate and complete recommendation for this student. Your time and assistance are greatly appreciated.

1. List the classes and/or activities in which you have worked with this student:

1. What three adjectives do you feel best describe this student? Why?

1. How does this student contribute in the classroom?

1. In what ways can this student's academic performance be distinguished from other students?

5. What information would you include if you were writing a recommendation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check the most appropriate box below** | | | | | |
|  | Below Average | Average | Above Average | Excellent | One of the top few I've met |
| Intellectual curiosity/Interest in learning |  |  |  |  |  |
| Classroom Involvement/Initiative |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Originality/Creativity |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Relationship with others |  |  |  |  |  |
| Potential for Academic Success |  |  |  |  |  |
| Overall Recommendation |  |  |  |  |  |