



# Teacher/Counselor Recommendation

**Applicant: Please fill out the front page of this form and then deliver it to your guidance counselor.**

Student Name.....

Student Address.....

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Student Home Phone..... Student Business/Cell Phone.....

Teacher/Counselor Name.....

Position.....

High School Name.....

How long and in what context have you known this student?.....

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What are the first words that come to your mind to describe this student?.....

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.....

List any courses (with grade levels) you have taught this student. Identify the course difficulty.....

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<b>Ratings</b>	<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Qualities and Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

