

Plattsburgh High School
1 Clifford Drive
Plattsburgh, New York 12901
(518) 561-7500 ext. 5071

COUNSELORS
Alan Feazelle ext. 5072
Amy Tisdale ext. 5074
Heather Hall ext. 5073

TEACHER RECOMMENDATION

(Please use black ink)

STUDENT: Fill in the information below and give this form to a teacher who has taught you.

Student name: _____
Last First Middle (complete) (Date of Birth)

Address: _____

Please state the name of the teacher. List course(s) or activity and year involved.

Teacher's Name (please print): _____

Courses or activities and year enrolled (9th, 10th, 11th, 12th)

TEACHER: Each teacher is requested to complete the Ratings chart below and the Evaluation on the back of this form. Photocopies of separate evaluations may be attached providing this form is signed. Return this form to the guidance office.

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

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

RATINGS: Compare to other college-bound students whom you have taught, check how you would rate this student in terms of academic skills and potential:

No basis to evaluate	Characteristic or student attribute being rated.	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career.
	Creative original thought						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work habits						
	Potential for growth						
	SUMMARY EVALUATION						

Teacher Signature: _____

Date: _____

EVALUATION

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us differentiate this student from others.

Signature _____ Date: _____
