

GHS TEACHER FEEDBACK FORM for COUNSELING DEPT. USE

RETURN THIS FORM TO THE COUNSELING SERVICES DEPARTMENT

Date Requested:	
Student Name:	ID Number:
Counselors Name:	Date Due:

To: Teacher (s):	Subject:

*Please rate the applicant realistically in comparison with your **other college preparatory** students.*

1.

No basis for judgment	Average or below	Good	Very Good (Well Above Average)	Excellent (top 10% this year)	Outstanding (top 5% this year)	One if the top few I have encountered in my career
Intellectual curiosity						
Intellectual creativity						
Academic motivation						
Academic Promise						
Leadership/Influence						
Sense of responsibility						
Initiative						
Warmth of Personality						
Sense of Humor						
Concern for others						
Energy						
Maturity						
Open-mindedness						
Self-confidence						
Reaction to setbacks						
Respect accorded to faculty						

2. The main factors contributing to the respect accorded the applicant seem to be:

- Superiority in studies
- Accomplishment in activities
- Success in athletics
- Interest in other students
- Leadership in activities
- Personality
- Other:

3. Please give an example and/or anecdote of how the student exemplifies one or more of the above qualities. Feel free to use the reverse side.

4. Why do you feel this student will (or will not) be successful in college?