

## Counselor Recommendation Request Teacher Form (3)

Teachers: Please complete this form and return it to the counselor listed below. The information that you share with the counselor is NOT available to the student. **If you are already writing a letter for this student, do not fill out this form.**

Student's Name \_\_\_\_\_

Date given to the teacher \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Counselor's Name \_\_\_\_\_

1. What words come immediately to mind when describing this student?

2. What unique qualities distinguish this student from other students?

3. Please give examples of outstanding projects, creativity, or other attributes of this student you have observed in the classroom.

4. What is your assessment of this student's academic skills and potential? Please be specific