

Teacher Feedback Form For Your Counselor



Date: _____

To: _____
Teacher Name

Please check this box if you are writing a full letter of recommendation for this student

From: _____ and AHS Counselor (*please circle*): Aselstine / Burns / Durell / Grogans
Student Name

RE: Counselor Letter of Recommendation / Secondary School Report

Colleges/Universities applying to: _____

Could you please take a moment to jot down a one-liner or a few comments about my performance in your class? I have asked my counselor to complete my secondary school report and/or letter of recommendation and they have asked me to request these teacher comments.

Message from the counselors: Any feedback is helpful and we will keep your comments confidential. When possible, please provide examples.

Comments in regard to the following characteristics or off the top of your head are great too! You do **NOT** need to respond to all topics. This list is just for ideas.

- | | | | | |
|------------------|-----------------------------|------------------------------|-------------------|---------------------------------|
| <i>Character</i> | <i>Intellectual Promise</i> | <i>Motivation</i> | <i>Integrity</i> | <i>Relationships with Peers</i> |
| <i>Curiosity</i> | <i>Enthusiasm</i> | <i>Special Circumstances</i> | <i>Leadership</i> | <i>Creativity</i> |

Thanks for your time in helping these students.

AHS Counselors: Michelle Aselstine, Becca Burns, M.E. Durell, Tedra Grogans

Please return this form to the counselor's box in the Main Office or in the Counseling Office. Do not return this to the student.

Please return within 5 teaching days.