



TEACHER or COUNSELOR RECOMMENDATION FORM

Student Name: _____

Grade: __

Teacher/Counselor Name: _____

Phone: __

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments. Please go to [Insert WEBSITE] to submit this form electronically. This form is solely for your reference and is not to be submitted as a hard copy. This will allow your responses to remain confidential. Thank you.

Activity	Needs					Comments
	1	2	3	4	5	
Attends school regularly	1	2	3	4	5	
On time to class consistently	1	2	3	4	5	
Completes assignments on time	1	2	3	4	5	
Responds well to redirection	1	2	3	4	5	
Shows positive attitude	1	2	3	4	5	
Gets along well with others	1	2	3	4	5	
Shows ability to make and keep commitments	1	2	3	4	5	
On task and focused in class	1	2	3	4	5	
Demonstrates initiative	1	2	3	4	5	
Seeks extra help when needed	1	2	3	4	5	

What do you see as the student's area(s) of strength?

Signature of Teacher or Counselor

Date