

McLean High School Student Services Department

Teacher Comment Form

TEACHERS: Please return to the counselor by October 1st or ASAP.

STUDENTS: Please give this form to a teacher who will not be writing college recommendations for you.

Student Name: _____ Counselor: _____

Teacher Name: _____ Course(s): _____

What adjectives immediately come to mind in describing this student? (**Examples and anecdotes are especially helpful.**)

In what ways can this student's academic performance be distinguished from other able students' (e.g. intellectual curiosity, approach to learning)? Provide anecdote if possible.

What do you like best about this student? In what ways has he/she made an impact--either in your class or in an activity for which you are a sponsor?

Please check the single most appropriate box for each item. In completing ratings, please **compare the student with other students at McLean.**

	Good	Excellent	Outstanding	One of the top few ever	Not applicable or not observed
Academic motivation					
Academic self-discipline					
Academic Promise					
Leadership Potential					
Maturity					
Extracurricular/ community contributions					
Warmth of Personality					
Concern for Others					
Adaptability					
Creativity					
Sense of Humor					
Self confidence					
Character					
OVERALL RECOMMENDATION					