

Saddleback Valley Unified School District
Teacher Input for Administrator/Counselor Letters of Recommendation
(Confidential)

Student Section: _____

| | |
|------------------------------|---|
| Last Name | First Name |
| _____ | _____ |
| College Application Deadline | Date Submitted to Teacher |
| _____ | _____ |
| Teacher Completing Form | Administrator/Counselor to receive form |
| _____ | _____ |

Association with teacher listed above (Example: classes, clubs, athletics, community service, career prep activities, etc.): _____

Anecdotal information: (Be specific and detailed about your experiences in the classroom. Information about special projects, presentations, etc. will assist teachers in recalling material about you).

Teacher Section:

Teacher insight makes a tremendous difference in the quality of a finished letter of recommendation. This information is for the counselor/administrator to write a comprehensive letter of recommendation for selective universities. Thank you in advanced for your time and input. Please deliver this form directly to the administrator/counselor listed above, as this form is confidential.

1. How does this student distinguish himself/herself among the other able students in your class (ie., greatest strengths, leadership role, most unique characteristics)?

2. Is there something you know about the student that you would want the administrator/counselor to know that would not be gleaned from the school records (ie. setbacks, accomplishments)?

(Additional items on backside)

3. What three adjectives best describe this student? Please give specifics which illustrate these characteristics.

EVALUATION

| No Basis for Judgment | | Below Average | Average | Good (Above Average) | Excellent (Top 10%) | Outstanding (Top 5%) |
|-----------------------|------------------------|---------------|---------|----------------------|---------------------|----------------------|
| | Initiative/Motivation | | | | | |
| | Intellectual Curiosity | | | | | |
| | Oral Communication | | | | | |
| | Written Communication | | | | | |
| | Creativity | | | | | |
| | Energy | | | | | |
| | Self-Confidence | | | | | |
| | Leadership/Influence | | | | | |
| | Responsibility | | | | | |
| | Integrity | | | | | |
| | Concern for Others | | | | | |
| | Warmth of Personality | | | | | |
| | Sense of Humor | | | | | |
| | Emotional Maturity | | | | | |
| | Reaction to Setbacks | | | | | |
| | Respect of Faculty | | | | | |
| | Respect of Peers | | | | | |

TEACHER SIGNATURE: _____

Teachers: Please deliver this confidential form directly to the specified administrator/counselor noted at the top of the front side.

Thank you for your time & feedback!