STUDENT EVALUATION FORM

Student's Name: _____

Teacher's Name: _____

Course: _____ Level: _____

Teacher's Signature: _____ Date: _____

*The information provided below will be incorporated into the **guidance counselor's letter of recommendation**, to supplement our understanding of this student as a learner and to enhance his/her application for college admission. Thank you in advance for your time and valuable input!*

1. Please share 2-3 adjectives that come to mind when you think of this student in the context of the classroom.

2. Please share an anecdote or your thoughts on why the above adjectives best describe this student in your classroom.

Please return to: Mrs. Polizzi, Guidance Secretary
THANK YOU!!

1/29/19