

SSA TEACHER RECOMMENDATION REQUEST FORM

Student's Name: _____ Today's Date: _____

Teacher's Name: _____

To the student: This sheet is to be completed and given to Mrs. Blubaugh in the College Counseling Office after your teacher has agreed to write you a letter of recommendation. We will deliver this form to the appropriate teacher via interoffice mail. The answers to the following questions will be very helpful to your teacher, so please give full, thoughtful, and specific answers! (If you need more room, feel free to write on the back.)

To the teacher: This form is to assist you in writing the recommendation. It does not need to be returned to the College Counseling office or the student.

1. Name of course and final grade earned:
(List other courses, if appropriate)
2. Favorite ideas/topics from class:
3. A SPECIFIC moment in which you were at your best in class (feel free to give more than one example, but be specific):
4. As a student in this class, how would you describe yourself? What are your academic strengths and weaknesses?
5. Did this teacher work with you in any other capacity such as advisor, coach, club advisor, fellow committee member, etc.?
6. Is there anything else specific that you would like your teacher to mention in your recommendation?