

Winder-Barrow High School Student Evaluation

Please complete this form and return it to the Counseling Office at your earliest convenience to facilitate the writing of college and scholarship recommendations. This document is confidential, unless you return the form back to the student to hand in.

STUDENT'S NAME _____ TEACHER'S NAME _____

SUBJECT AREA(S) _____ DATE _____

1. What are the first words that come to mind when you think of this student? _____

2. How have you seen these traits exemplified in your classroom? _____

3. What about this student makes you believe she/he will be successful after high school? _____

4. Are there any anecdotes that would be helpful to an admissions committee's review of this student's file? What makes this student unique? Please write any other comments including strengths or weaknesses of this student. *Feel free to continue writing on the back of this form.*

5. How would you rate this student academically?

	Below average	Average	Good	Top 10% Excellent	Top 2 or 3% Outstanding	No Basis for Judgment
Motivation						
Creative qualities						
Self-discipline						
Writing skills						
Growth potential						
Success in college						

6. How would you rate this student's personal characteristics?

	Below average	Average	Good	Top 10% Excellent	Top 2 or 3% Outstanding	No Basis for Judgment
Leadership						
Self-Confidence						
Concern for others						
Emotional maturity						
Personal initiative						
Integrity						

TEACHER'S SIGNATURE _____