

Student Name _____

Date _____

Teacher Name _____

Counselor Name: _____

Teacher Rating Sheet for Secondary Report (Return to counselor)

Please assist the counselor by completing the information below that is required by the school application. It is helpful to add a few remarks on the student's special strengths and skills.

Characteristics	One of few in my career	Top 5% Outstanding	Top 10% Excellent	Very Good Well above average	Average	Below Average	No basis to judge
Intellectual Ability							
Intellectual curiosity							
Academic Motivation							
Academic Achievement							
Academic Growth Potential							
Potential for College success							
Perseverance							
Energy							
Creative, original thought							
Critical thinking							
Personal Initiative							
Leadership							
Independent decisions							
Self confidence							
Respected by Peers							
Open-mindedness							
Social awareness/tolerance							
Concern for others							
Warmth of Personality							
Sense of Humor							
Integrity							
Respected by faculty							
Emotional Maturity							

How would you compare the applicant to his or her entire class? Check the most appropriate box

Academics							
Character							
Overall							

Comments?