

## Hamilton County Collegiate High at Chattanooga State Counselor/Teacher Recommendation Form

To: \_\_\_\_\_ School: \_\_\_\_\_

From: \_\_\_\_\_ School: \_\_\_\_\_

Phone: (Student) \_\_\_\_\_ (Parent/Guardian) \_\_\_\_\_

Email: \_\_\_\_\_

*I have applied for admission to the Collegiate High at Chattanooga State and been asked to provide a teacher reference. Would you please complete the section below and return it to Chattanooga State Collegiate High Office, OMNI-21, 4501 Amnicola Highway, Chattanooga, TN 37406.*

**Your prompt response will be greatly appreciated since a teacher recommendation is a critical part of the admissions process. Your comments will be kept confidential and will not be revealed to the applicant.**

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Counselor/Teacher Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Please check the qualities that best describe this student:**

- |                                                                 |                                                                  |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> bright/intelligent                     | <input type="checkbox"/> capable of performing at a higher level |
| <input type="checkbox"/> demonstrates strong artistic abilities | <input type="checkbox"/> seeks academic challenges               |
| <input type="checkbox"/> desires more freedom or independence   | <input type="checkbox"/> participates in class discussions       |
| <input type="checkbox"/> shows leadership abilities             | <input type="checkbox"/> eager to join the "adult world"         |
| <input type="checkbox"/> consistent in academic effort          | <input type="checkbox"/> good conduct                            |
| <input type="checkbox"/> organized time management              | <input type="checkbox"/> shows interest in learning              |
| <input type="checkbox"/> mature                                 | <input type="checkbox"/> responsible                             |
| <input type="checkbox"/> works independently                    | <input type="checkbox"/> punctual                                |

**Please evaluate the student's current overall performance in each category:**

- |                               |                                    |                               |                               |                               |                                       |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| Attendance (include tardies): | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor | <input type="checkbox"/> inconsistent |
| Classroom Attitude:           | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor | <input type="checkbox"/> inconsistent |
| Class Work:                   | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor | <input type="checkbox"/> inconsistent |
| Discipline:                   | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor | <input type="checkbox"/> inconsistent |
| A college environment:        | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor | <input type="checkbox"/> inconsistent |

Counselor/Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Use the back of the sheet for additional comments.**