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 H Would you please complete the section below a OMNI-21, 4501 Amnicola Highway, Chattanoo	ınd return i	it to Chattar				
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.						
Counselor/Teacher Name:						
How long have you known the applicant?						
Please check the qualities that best describe this student:						
bright/intelligent	capable of performing at a higher level					
demonstrates strong artistic abilities		seeks academic challenges				
desires more freedom or independence	participates in class discussions					
shows leadership abilities	eager to join the "adult world"					
consistent in academic effort		good conduct				
organized time management	shows interest in learning					
mature		responsible				
works independently	punctual					
Please evaluate the student's current overa	ll perform	ance in eac	h categ	ory:		
Attendance (include tardies):	excellent	good	fair	poor	inconsistent	
					inconsistent	
Discipline:	_excellent	good	fair	poor	inconsistent inconsistent	
A college environment:	_excellent	good	fair	_ poor _	inconsistent	
Counselor/Teacher Signature:				Date:		

Use the back of the sheet for additional comments.