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.

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 overall performance in each category:

Attendance (include tardies): ___________ excellent ___________ good ___________ fair ___________ poor ___________ inconsistent

Classroom Attitude: ___________ excellent ___________ good ___________ fair ___________ poor ___________ inconsistent

Class Work: ___________ excellent ___________ good ___________ fair ___________ poor ___________ inconsistent

Discipline: ___________ excellent ___________ good ___________ fair ___________ poor ___________ inconsistent

A college environment: ___________ excellent ___________ good ___________ fair ___________ poor ___________ inconsistent

Counselor/Teacher Signature: ____________________________ Date: ____________________________

Use the back of the sheet for additional comments.