Bayside High School

32-24 Corporal Kennedy Street, Bayside, New York 11361 Telephone (718) 229-7600 Michael Athy, Principal

**Teacher Feedback: Confidential**

**Student’s Name Subject and Class ID#**

**Teacher’s Name Date Given to Teacher** \_(month/day/year) **Guidance Counselors Name**

**To the Student:** (1) This form should be completed by a teacher who knows you well, (forms should go to teachers of different major subjects), and (2) Complete the heading on top after you have asked this teacher.

**To the Teacher:** Please return completed form **to room 134** as soon as possible. In relation to others in the applicant’s present grade, whom you know, PLEASE CHECK THE APPROPRIATE SPACE FOR EACH ITEM BELOW.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Extraordinary (Top 2-3%) | Outstanding (Top 5%) | Excellent (Next 10%) | Good | Average |  |
| Academic Achievement |  |  |  |  |  |
| Academic Potential |  |  |  |  |  |
| Academic Motivation |  |  |  |  |  |
| Effective Class Discussion |  |  |  |  |  |
| Written Expression |  |  |  |  |  |
| Creative Qualities |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Enthusiasm |  |  |  |  |  |
| Curiosity |  |  |  |  |  |
| Respect Given by Peers |  |  |  |  |  |
| Respect Given by Faculty |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |
| Reaction to Setbacks |  |  |  |  |  |
| Warmth of Personality |  |  |  |  |  |
| Concern for Others |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Sense of Humor |  |  |  |  |  |

Please DESCRIBE the applicant in YOUR SUBJECT AREA ONLY using specific examples or anecdotes. Please be comprehensive and try to distinguish this student from others you write about. YOUR COMMENTS ARE THE MOST IMPORTANT SOURCE FOR EVALUATING THIS STUDENT.

Teacher’s Signature: Rev: 3/10

Date: