



Lordstown High School
1824 Salt Springs Road, Warren, Ohio 44481

Teacher Recommendation Form

Student Name: _____

Compared to other students you have taught in your career, how would you rate this student in terms of:

No Basis		Below Average	Average	Good	Very Good	Excellent Top 10%	Outstanding Top 5%	One of the top encountered in in my career
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Self-confidence							
	Initiative, independence							
	Growth potential							
	Overall							

Evaluation:

What are the first words that come to mind to describe this student?

Please add whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom.

Teacher Name (print) _____ Subject Taught _____

Teacher E-mail _____ Teacher Phone _____

Teacher Signature _____ Date _____