

first bytes

2009 Counselor/Teacher Recommendation Form

Name of student: _____

In what capacity do you know the student? _____

How well do you know the student academically? _____

Please place check marks to represent your evaluation of the student in comparison to other students in her age group whom you have taught. If you have no basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Intellectual Curiosity						
Problem Solving Ability						
Effort/Determination						
Creativity						
Reasoning Ability						
Initiative						
Willingness to take Intellectual Risks						
Leadership and Group Communication Skills						

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

1. _____ 2. _____ 3. _____

Please add any additional information that will give us a more complete picture of the student, or insight into how she would benefit from this experience:

Thank you for taking your time valuable to complete this recommendation. Your reflections are an important part of the student's application.

Signature: _____ Date: _____

Mailing Address: _____

E-Mail Address: _____ Telephone: _____

Return form to:
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The University of Texas at Austin
1 University Station, C0500
Austin, Texas 78712-0233