



WILSON COLLEGE

TEACHER RECOMMENDATION FORM

Applicant's Name: _____
(Please Print)

To the Student:

- This recommendation must be completed by an 11th or 12th grade teacher (or college professor if you are a transfer applicant) of an academic subject which includes English, Mathematics, Social Studies, Science or Foreign Language.
- Sign your name as an indication that you waive your right to view this completed teacher recommendation:

To the Teacher:

- Please indicate the subject for which you served as this student's instructor: _____
- Check the boxes below that, in your opinion, indicate this student's abilities and academic performance:

	Above Average	Average	Below Average	N/A
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for the opinions of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle college-level work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below (*continue on back, if necessary*), please provide any additional insights into this student that will allow the Wilson staff to make a good admission decision.

Signature: _____ Date: _____

High School: _____

H.S. Mailing Address: _____

Daytime phone number: (_____) _____ E-mail: _____