



TEACHER/COUNSELOR RECOMMENDATION FORM

Date: _____

Student D.O.B.: _____

Student Name: _____
LAST

_____ FIRST

MI

How long have you known the student? _____ Subject Area: _____

In what capacity? Teacher Counselor (if Counselor, please attach transcripts)

Teacher/Counselor name: _____

Name of School: _____ CEEB: _____

Email: _____ Phone #: _____

Place an "X" in the appropriate box for each row:

	below average	average	above average	well above average	top 10%	top 5%	top 1 %
Academic Achievement							
Critical Thinking							
Writing Quality							
Creativity (thinking or production)							
Productive class discussion							
Respect accorded by faculty							
Disciplined work habits							
Maturity							
Motivation							
Leadership							
Integrity							
Reaction to setbacks							
Concern for others							
Self-confidence							
Initiative							
Follow through							
Overall							

Additional Comments: _____

Please email completed form to: application@hampshire.edu
OR mail to: Hampshire College Admissions, 893 West St., Amherst, MA 01002