Stuyvesant High School

STANLEY TEITEL
Principal

TEACHER COMMENT SHEET

Student's Name: _____

Official Class: _____ ID#: _____ Year of Graduation: _____

Course or Activity: _____ Term: _____

To the student:

As soon as you receive this form, ask **ONE** of your present teachers to complete it for you. Select a teacher who is willing and who has something special to say about you or your work.

To the faculty:

THIS IS A CONFIDENTIAL DOCUMENT. It is assumed that students will seek out teachers who have positive comments to contribute to their file. Please be specific in your comments. Make comments that will illustrate the uniqueness of this student. Describe how the students performed verbally and/or in written projects in your class. Your comments may be quoted in the student's Secondary School Report (SSR).

Please complete this form and return it to Ms. Fanelli (Room 236) as soon as possible but no more than two weeks after you have received it. Your assistance in completing this form is an important and valuable aid in the preparation of the student's SSR.

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Teacher's Name: _____ Department: _____

Teacher's Signature: _____ Date: _____