

TEACHER LETTER OF RECOMMENDATION INFORMATION FORM

Student Name _____ **ID #** _____

Teacher Name _____

Please answer ALL questions on this document for each teacher from which you are requesting a letter of recommendation.

1. My favorite memory of your class is:

2. I believe that the best piece of work (paper, lab, oral presentation, etc.) that I did for your class was:

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3. My proudest moment in your class was:

4. What I found most challenging about your class was:

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5. A particular moment or experience that stretched me the most in your class was:

6. I believe I grew in your class because: