



Immaculate Conception High School

WORKSHEET FOR TEACHER RECOMMENDATIONS

Student Name:

Date Submitted:

Teacher/Class:

Date Needed:

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

My favorite memory of your class was:

My proudest moment in your class was:

What I found most challenging about your class was:



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The particular moment or experience that stretched me the most in class was:

I believe I grew in your class because:

Colleges to which I am applying:

Name

Specific Program (if any)

1.

2.

3.

4.

5.

6.

7.

8.