



# THE WEBB SCHOOL

BELL BUCKLE

## Teacher's Recommendation Form College Counseling

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Student Name

Signature

Date

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Faculty Name

Course(s) taken

Years taken

Student - please provide this form to the faculty who have agreed to write letters of recommendation on your behalf. Be as detailed as possible, and keep in mind some faculty may require an interview as well as this form.

Faculty - please detach the student's responses below for your use. You may have the student return the top portion to College Counseling, or you may email College Counseling ([jnewberg@webbschool.com](mailto:jnewberg@webbschool.com) / [cbridwell@webbschool.com](mailto:cbridwell@webbschool.com)) to acknowledge your willingness to submit a letter of recommendation. College Counseling strongly encourage that letters of recommendation be submitted by October 25.

Detach

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Student Name

Course(s) taken

Years taken

Describe the academic accomplishment from this class that you are most proud and why:

Describe your greatest challenge in this class, how you worked to address this challenge, and an example of what you did to overcome this challenge:

What did you contribute to this class? Please share an example of you personal contribution to the learning environment, for you, or for the class:

Since taking this class, have you pursued any interests that relates to what you learned in the class? Please share examples: