Student Name: _____
Teacher Name/Class: _____
Date Needed:_____

Classroom Self-Assessment for Teacher Recommendation

Fill this form out after asking a teacher if they mind writing you a letter of recommendation.

1. I believe that the best example of my work (project, paper, presentation) that I did for your class was:

2. My favorite memory from your class was:

3. My proudest moment in your class was:

4. I feel that I positively contributed to your class by:

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

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

7. I believe I grew in your class because: