

TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal Name	9					
	Last/Family/Sur (Enter n	ame exactly as it appears or	n official documents.)	First/Given	Middle (complete)	Jr., etc.
Birth Date _		mm/dd/yyyy		CAID (Common App ID)		
		mm/dd/yyyy				
Address						
	Number & Street	Apartment #	City/Town	State/Province	Country	ZIP/Postal Code
School you	now attend			CEE	B/ACT Code	
colleges have que	to which I am applying f estions about the informa	or admission. I also autho ation submitted on my beh	rize employees at th alf.	nese colleges to confide		and recommendations to d former schools should they
		recommendations and su		-	-	
l unders	• I have chosen not to wa counselors or teachers any recommendations	to decline to write recom submitted on my behalf. o waiver selection above p	recommendations mendations on my b	and supporting documpochalf. I also understand	that my selections cannot be	colleges to disregard
						Date
in your priv mailing di	ate files for use should t rectly to the college/un	he student need addition iversity admission offic	ons helpful in choo al recommendation ce. <i>Do not mail thi</i>s	s. Please submit your is form to The Commo	references promptly, and re n Application offices.	are encouraged to keep this form member to sign below before
Teacher's N	lame (Mr./Mrs./Ms./Dr.) _	Plea	se print or type	Subj	ect Taught	
Signature 🦉	≥2					Date mm/dd/yyyy
Secondary	School					
0.1						
School Add	ress	Street	City/Town	State/Province	Country	ZIP/Postal Code
Teacher's T	elephone ()			Tea	cher's E-mail	
	Area/Country/City	r Code N	umber	Ext.		
Backgrou	ind Information					
How long h	nave you known this stud	ent and in what context?				
What are th	e first words that come t	o your mind to describe th	nis student?			
In which gr	ade level(s) was the stud	ent enrolled when you tau	ght him/her? 09	0 10 0 11 0	12 O Other	

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level; etc.).

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

No basis		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few l've encoun- tered (top 1%)
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)