

2012-13 TEACHER EVALUATION

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For Spring 2013 or Fall 2013 Enrollment

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.

	e						○ Female- ○ Male
-	Last/Family/Sur (Ent	ter name exactly as it appe	ears on official documents.)	First/Given	Middle (complete)	Jr., etc.	- O IVIAIC
Birth Date _			(AID (Common App	ID)		
		mm/dd/yyyy					
Address							
	Number & Street	Apartment #	City/Town	State/Province	Country	ZIP/Postal Code	
School you	now attend				CEEB/ACT Code		
and all of 1. The in 2. You w Yes, I No, I or on Required	other recommendation institution does not save vaive your right to accord do waive my right to do not waive my right my behalf to the instit d Signature	ns and supporting docun ye recommendations posess below, regardless of access, and I understan to access, and I may so tution at which I'm enro	nents submitted by you are st-matriculation (see list as the institution to which it d I will never see this form meday choose to see this lling, if that institution sav	nd on your behalf, ut www.commonap, is sent: n or any other reconform or any other es them after I man	mmendations submitted by me recommendations or supporting triculate.	ing is true: or on my behalf. g documents submitted Date are encouraged to keep	by me
mailing di	rectly to the college	university admission	office. Do not mail this	form to The Com	mon Application offices.	-	W Deloie
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Teacher's N	Name (Mr./Mrs./Ms./D	1.)	Please print or type		Subject raught		
			Please print or type				
Teacher's N			Please print or type			Date	
Signature_			Please print or type			Date	
Signature_	School		Please print or type			Date	
Signature_	School		Please print or type			Date	
Signature <u>«</u> Secondary School Add	School	ner & Street	Please print or type	State/Province		Date mm/dd, ZIP/Postal Code	
Signature <u>«</u> Secondary School Add	School	ner & Street	Please print or type	State/Province	Country	Date mm/dd, ZIP/Postal Code	
Signature Secondary School Add Teacher's To	School	ner & Street /City Code	Please print or type City/Town Number	State/Province Ext.	Country	Date	
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Signature Secondary School Add Teacher's To Backgrou How long h What are th	School	ner & Street /City Code tudent and in what conti	City/Town Number ext?	State/Province Ext.	Country Teacher's E-mail	Date	/уууу

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 I'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.)