



## Teacher Evaluation

### Contacts

Official Name / Title \_\_\_\_\_

Email / Phone \_\_\_\_\_

School / CEEB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Evaluation

In what subject did you teach this student? \_\_\_\_\_

How long have you known the student, and in what context? \_\_\_\_\_

\_\_\_\_\_

What are the first words that come to mind to describe this student? \_\_\_\_\_

\_\_\_\_\_

In which grade level(s) was the student enrolled when you taught him/her? ☐ 9 ☐ 10 ☐ 11 ☐ 12

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

### Comments

Please attach additional comments that address what 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 another reference you may have already prepared on behalf of this student.)

## Ratings

No Basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	Top Few
	Academic Achievement							
	Intellectual Promise							
	Quality of Writing							
	Creative Thought							
	Productive Discussion							
	Faculty Respect							
	Disciplined Habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to Setbacks							
	Concern for Others							
	Self-confidence							
	Initiative							
	OVERALL							

Signature \_\_\_\_\_

**Please mail this form and accompanying documents directly to each college/university admission office. Do not mail this form to The Common Application offices.**