

TEACHER EVALUATION FOR TRANSFER ADMISSION 2005-2006

The member colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college's own form. Please type or print in black ink.

TO THE APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to each college to which you are applying that requests a Teacher Evaluation, to a teacher who has taught you an **academic** subject.

Birthdate _____ Gender _____ Social Security No. _____
mm/dd/yyyy (Optional)

Student Name _____
Last/Family First Middle (complete) Jr., etc.

Address _____
Number and Street City or Town State/Province Country Zip Code or Postal Code

School you now attend _____ CEEB/ACT code _____

TO THE TEACHER

The Common Application group of colleges finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. We are grateful for your assistance. **Be sure to sign below.**

Teacher's Name Mr./Mrs./Ms _____ Position _____
Please print or type

School _____

School Address _____

Teacher's Phone (_____) _____ Teacher's E-mail _____
Area Code Number Ext.

Signature _____ Date _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

Please detach along perforation

EVALUATION Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

RATINGS

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

<i>No basis</i>		<i>Below Average</i>	<i>Average</i>	<i>Good (above average)</i>	<i>Very Good (well above average)</i>	<i>Excellent (top 10%)</i>	<i>Outstanding (top 5%)</i>	<i>One of the top few encountered in my career</i>
	Creative, original thought							
	Motivation							
	Self-confidence							
	Independence, initiative							
	Intellectual ability							
	Academic achievement							
	Written expression of ideas							
	Effective class discussion							
	Disciplined work habits							
	Potential for growth							

CONFIDENTIALITY We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students *do* have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.

TEACHER EVALUATION FOR TRANSFER ADMISSION 2005-2006

The member colleges and universities listed above fully support the use of this form. No distinction will be made between it and the college's own form. Please type or print in black ink.

TO THE APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to each college to which you are applying that requests a Teacher Evaluation, to a teacher who has taught you an **academic** subject.

Birthdate _____ Gender _____ Social Security No. _____
mm/dd/yyyy (Optional)

Student Name _____
Last/Family First Middle (complete) Jr., etc.

Address _____
Number and Street City or Town State/Province Country Zip Code or Postal Code

School you now attend _____ CEEB/ACT code _____

TO THE TEACHER

The Common Application group of colleges finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return it to the appropriate admission office(s) in the envelope(s) provided you by this student. We are grateful for your assistance. **Be sure to sign below.**

Teacher's Name Mr./Mrs./Ms _____ Position _____
Please print or type

School _____

School Address _____

Teacher's Phone (_____) _____ Teacher's E-mail _____
Area Code Number Ext.

Signature _____ Date _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

Please detach along perforation

EVALUATION Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

RATINGS

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

	<i>No basis</i>	<i>Below Average</i>	<i>Average</i>	<i>Good (above average)</i>	<i>Very Good (well above average)</i>	<i>Excellent (top 10%)</i>	<i>Outstanding (top 5%)</i>	<i>One of the top few encountered in my career</i>
Creative, original thought								
Motivation								
Self-confidence								
Independence, initiative								
Intellectual ability								
Academic achievement								
Written expression of ideas								
Effective class discussion								
Disciplined work habits								
Potential for growth								

CONFIDENTIALITY We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students *do* have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.

Additional comments (if necessary). If this applicant is a resident of Alabama, Florida, Louisiana, Mississippi or Texas, are they currently displaced by Hurricane Katrina or Rita? If so, please take a moment to provide details of their displacement.

Signature _____ *Date* _____

College Official's Name (please print or type) _____ Position _____

College/University _____

School Address _____

College Official's Phone (_____) College Official's E-mail _____
Area Code Number Ext.

CONFIDENTIALITY We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at a member college. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students *do* have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. These colleges are committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or gender.