

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.

_ Female

Legal Name _____ **Male**

Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Birth Date _____ CAID (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 _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at www.commonapp.org/FERPA*).
2. You waive your right to access below, regardless of the institution to which it is sent:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Teacher's Name (Mr./Mrs./Ms./Dr.) _____ Subject Taught _____

Please print or type

Signature _____ Date _____

mm/dd/yyyy

Secondary School _____

School Address _____

Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's Telephone (_____) _____ Teacher's E-mail _____

Area/Country/City Code Number Ext.

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? _____

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.).

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

		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%)
No basis	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.)