Adelphi+Agnes Scott*Albertson*Albiron*Albright*Alfred*Allegheny*American*Amherst*Antioch*Arcadia*Assumption*College of the Atlantic*Austin College *Babson*Baldwin-Wallace*Bard*Banard*Bates*Beloit*Bennington*Benitey*Binghamton*Birmingham-Southern*Boston College Boston U-Bowdoin*Bradley*Brandeis*Sprant-Brynnlawn*Bucknell*Butler*CaliforniaLutheran*Carleton*CareagieMellon*Case Western Reserve*Centenany(La)*Centre*Chatham*CaremontMcKenna*ClarkU-Coce*Colly*Colly*Casy-Savyer*Colgate*Colorado College*Concordia College*

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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 subjec	et.		
Birthdate	Gender		Social Security	
				(Optional)
Student Name	First	Middle (complete)	Jr., etc.	
Address				
Number and Street		City or Town	State Country	Zip Code or Postal Code
School you now attend			CEEB/ACT co	ode
TO THE TEACHE	R			
_		ations halpful in aboosing fro	m among highly qualific	ad aandidatas Wa ara nrimarily
The Common Application group interested in whatever you think i				ed candidates. We are primarity
DI 1 :	4 4 1		,	1 1 1 10 041 1 1
Please submit your references pro is acceptable. You are encouraged				
Please return it to the appropriate				
sign below.				
Teacher's Name (please print or t	ype)		Position	
Secondary School				
School Address				
Teacher's Phone ()	Teacher's F-ma	il	
Teacher's Phone (Number Number	Ext.		
Signature			Date	
BACKGROUND INF	ORMATION			
How long have you known this st	tudent and in what context?			
What are the first would that some	a to your mind to docamine this	atudant?		
What are the first words that com	e to your mind to describe this	s student?		
List the courses you have taught t	this student noting for each th	e student's vear in school (10	Oth 11th 12th) and the le	evel of course difficulty
(AP, accelerated, honors, IB, elec		e student s year in school (10	om, 11m, 12m) and the R	ever of course difficulty

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 college-bound students in his or her secondary school class, 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 encountered in my career
	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. The admission process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendments of 1972.

Adelphi+Agnes Scott*Albertson*Albioin*Albiright*Alfred*Allegheny*American*Amherst*Antioch*Arcadia*Assumption*College of the Atlantic*Austin College Boston U-Bowdoin*Bradley*Brandleis*Bryant*BrynMawn*Bucknell*Butler*Colligen*Colorado College*Concordia College*Conco

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Evaluation, to a teacher who has ta	ught you an academic subjec	et.	,	11 7 6 1
Birthdate	Gender		Social Security	No. (Optional)
				(Optional)
Student Name	First	Middle (complete)	Jr., etc.	
Address				
Number and Street		City or Town	State Country	Zip Code or Postal Code
School you now attend			CEEB/ACT co	ode
_				
TO THE TEACHER	₹			
The Common Application group of interested in whatever you think is				d candidates. We are primarily
Please submit your references pron is acceptable. You are encouraged t Please return it to the appropriate a <i>sign below</i> .	o keep the original of this fo	orm in your private files for us	e should the student nee	d additional recommendations.
Teacher's Name (please print or type	pe)		Position	
Secondary School				
School Address				
Teacher's Phone ()	Number	Teacher's E-mai	il	
Signature			Date	
BACKGROUND INFO	RMATION			
How long have you known this stu-	dent and in what context? _			
What are the first words that come	to your mind to describe this	s student?		
List the courses you have taught th (AP, accelerated, honors, IB, elective)		e student's year in school (10	th, 11th, 12th) and the le	vel of course difficulty

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

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No basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
	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							

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TO THE ADDITIONAL

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are the first wo	ords that come to your mind	to describe th	is student? _					
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TO THE APPLICANT

Please detach along perforation

Check institu guidance cou	tional instructions to see if your nselor.	selected colleg	ges require th	nis form. After fillir	ng in the in	formation below	, give this form to your
Birthdate		Gender				Social Security	No
Diffidate	mm/dd/yyyy	Gender				Bociai Becuirty	(Optional)
Student Nam	e						
	Last/Family	First		Middle (complete)	Jr., e	tc.	
Address	Number and Street			City or Town	Cana	Country	7:- C-J D-stel C-J-
	Number and Street			City or Iown	State	Country	Zip Code or Postal Code
TO TH	E SECONDARY S	SCHOO	L GUIL	DANCE CO	DUNS	ELOR	
Please submi	it this form when midvear seni	or grades are	available (ei	nd of first semeste	r/trimester`	. Complete the	following regarding the appli-
							de report form or a copy of the
							or on a separate sheet of paper.
Be sure to sig	gn below.						
Indicate if ma	arking period is urimester	seme	ester		H.S. g	raduation date -	
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If available, p	please provide updated class rank	c or cumulative	e GPA throug	gh the senior fall se	mester/trin	nester.	
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Class Talik	in a class of	, covering a p	ciiou iioiii .	(mm/yyyy) (mm/	(yyyy)		this candidate's academic or
The rank	is \square weighted \square unweigh	ted. How man	y students sh	are this rank?			record since your previous
	e rank is not available, please inc					report?	yes ino
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This GPA	is \square weighted \square unweigh	ted. The schoo	I's passing m	nark is		was submitted	, please comment on reverse.
Counselor's	Name (please print or type) —						
Counstion S.	(picase print or type) —						
Signature _							Date
J							
Position				School			

High School CEEB/ACT Code _

Please use the space below, or a separate sheet of paper, for additional comments.	
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