## 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.

_egal Name							
Last/Family/Sur (Enter	Last/Family/Sur (Enter name <b>exactly</b> as it appears on official documents.)			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	ool you now attend CEEB/ACT_Code						
<ul> <li>colleges to which I am applying for admission. I also authorize employees at these colleges to confidentially contact my current and former schools should they have questions about the information submitted on my behalf.</li> <li>I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.</li> <li>I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.</li> <li>I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.</li> </ul>							
I understand that my waiver or r recommendation or application		pertains to all college	es to which I apply and	that my selections cannot be c	changed after any		
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 (Mi	r./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	e ()	Teacher's E-mail					
	Area/Country/City Code	Number	Ext.				
Background Info	ormation						
How long have you l	known this student and in wha	t context?					
What are the first w	ords that come to your mind to	describe this student?					
In which grade level	l(s) was the student enrolled w	hen you taught him/her? $ \bigcirc $	9 0 10 0 11 0	12 O Other			
List the courses in v	vhich you have taught this stuc	lent, including the level of cou	rse difficulty (AP, IB, acce	elerated, honors, electi	ve; 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:

No basis		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few l'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.)