



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.

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

Birth Date mm/dd/yyyy CAID (Common App ID)

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

School you now attend CEEB/ACT Code

IMPORTANT PRIVACY NOTICE: By signing this form, I authorize every school that I have attended to release all requested records and recommendations to 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.

- I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.
I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.
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.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply and that my selections cannot be changed after any recommendation or application submission.

Required Signature Date

TO THE TEACHER

Elizabethtown College 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 our college admission office. You may also fax this form to 717-361-1365 or email to apply@etown.edu.

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 (Area/Country/City Code) Number Ext. Teacher's E-mail

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.)