

# teacher evaluation and recommendation form

**SUBMIT TO:** SIMMONS COLLEGE OFFICE OF UNDERGRADUATE ADMISSION 300 THE FENWAY BOSTON, MA 02115-5898  
TEL: 617-521-2051 800-345-8468 FAX: 617-521-3190 EMAIL: UGADM@SIMMONS.EDU WEBSITE: WWW.SIMMONS.EDU

## TO BE COMPLETED BY APPLICANT

### Applicant Information

Applicant: After filling in your name and address below, please have a teacher complete the remainder of the form and mail directly to the Simmons College Office of Undergraduate Admission.

Name \_\_\_\_\_  
last first middle

Home address \_\_\_\_\_  
street apt. or p.o. box number

city state zip

Home telephone \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_  
month day year

School name \_\_\_\_\_

### Under the provisions of the Family Educational Rights and Privacy Act,

I waive my right of access to this recommendation.

I retain my right of access to this recommendation.

signature \_\_\_\_\_ date \_\_\_\_\_

## TO BE COMPLETED BY A TEACHER

The Admission Committee finds candid evaluations helpful in assessing an applicant's potential for success at Simmons. We are particularly interested in having your observations of the applicant's academic and personal performance in your classroom. Thank you for your help.

Teacher's name \_\_\_\_\_

Subject \_\_\_\_\_

Complete school name \_\_\_\_\_

School address \_\_\_\_\_  
street city state zip

Home telephone \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email address \_\_\_\_\_ Fax number \_\_\_\_\_

### BACKGROUND INFORMATION

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

What are the first words that come to mind when describing this student? \_\_\_\_\_

List the courses that you taught this student, noting for each the student's year in school (9, 10, 11, 12) and course difficulty (AP, accelerated, honors, etc.).

## RATINGS

Compared to other college-bound students whom you have taught, how does the applicant rate in terms of academic skills and potential? Please mark the appropriate boxes below:

no basis	below average (lowest 40%)	average (middle 20%)	good (next 20%)	very good (top 20%)	excellent (top 10%)	outstanding (highest 1%)
<input type="checkbox"/> Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EVALUATION

Please feel free to write and attach separately whatever you think the admission committee should know about this student. Include a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others you have known.

## OPTIONAL SECTION

I recommend this student with reservation fairly strongly strongly very strongly

## SIGNATURE

Submitted by

signature

date

**Early Action Deadline:** December 1

**Regular Decision Deadline:** February 1