

Caldwell University

TEACHER EVALUATION

TO THE STUDENT

Please give this form to a teacher who has taught you an academic subject after completing the information below.

Name _____ Male Female
Last, First, M.I.

Birth Date _____ Social Security # _____
mm/dd/yyyy Optional

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

Current School _____ CEEB/ACT Code _____

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendation 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 recommendation or supporting document submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE TEACHER

Name _____ Subject Taught _____
Last, First, M.I.

Signature _____ Date _____

School _____

School Address _____
Number & Street Apartment # City/Town State/Province Country Zip/Postal Code

Teacher's Phone (_____) _____ Teacher's E-mail _____
Area Code Number Ext.

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

(continued)

Comparing this student to other students in his/her class year, how would you rate the student in the following categories:

Qualities	Below Average	Average	Well Above Average	Excellent (Top 10%)	Outstanding (Top 5%)	One of the Top Few Encountered (Top 1%)	N/A
Academic Ability							
Academic Potential							
Integrity							
Creative Original Thought							
Leadership							
Concern for Others							
Quality of Writing							
Motivation							
Overall							

Please provide the College with comments about this student that you feel the Admissions Committee should know when reviewing the application. Please use either the lines below or a separate sheet of paper.



CALDWELL
UNIVERSITY

OFFICE OF UNDERGRADUATE ADMISSIONS
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