



# JOHN CABOT UNIVERSITY

## TEACHER EVALUATION

### 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 a stamped envelope to send this evaluation to John Cabot University.

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

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*mm/dd/yyyy*      (US citizens only)

Address \_\_\_\_\_  
*Number & Street*      *Apartment Number*      *City/Town*      *State/Province*      *Country*      *ZIP/Postal Code*

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
(US citizens only)

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to **this** form and all other recommendations and supporting documents submitted by you and on your behalf, unless you waive your access below:

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations 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 recommendations or supporting documents submitted by me or on my behalf to John Cabot University.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO THE TEACHER

John Cabot University 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**.

Teacher's Name (Mr. /Ms. /Dr., etc.) \_\_\_\_\_ 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 (\_\_\_\_\_) \_\_\_\_\_ 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? \_\_\_\_\_

List the courses you have taught this student, noting for each the student's year in school (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level; etc.).



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**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%)	On of the top few I've encountered (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.)