

# TEACHER EVALUATION OF APPLICANT - ENGLISH

ENGLISH TEACHER

Student Last Name

Student First Name

## Online Application Evaluation Instructions:

Thank you very much for completing an evaluation form for an Illinois Mathematics and Science Academy applicant. Your honest assessment of the applicant is greatly appreciated.

**Upon completion of this form, please be sure to save a copy for your records.** To submit the form, return to the email received from the applicant via IMSA's Online Application System. Click on the provided link to submit the evaluation form directly to IMSA (the student will not be able to access this evaluation online). The deadline for submission is March 1, 2014.

## TO BE COMPLETED BY THE EVALUATOR

**CLASSROOM BEHAVIOR: Please include behaviors that indicate potential for the areas listed below.**

*(Attach additional page if more space needed)*

Please describe an example in which this candidate demonstrated exceptional **intellectual talent, curiosity, creativity and/or leadership.**

Please provide an example in which this student **thought and acted outside of the "mainstream"** in relation to his/her **performance.**

Please describe this candidate's **willingness and ability to work both in a group and independently.**

Please describe this candidate's **oral and written communication skills.**

Please describe this candidate's **preparation and study skills development.**

Please describe this candidate's **critical reasoning ability and ability to communicate articulately about the subject matter.**

Student Last Name

First Name

**IN YOUR OPINION:**

Does this student have a **serious interest** in studying mathematics, science and/or technology?  Yes  No  Don't Know

Does this student have an **aptitude** for studying mathematics, science and/or technology?  Yes  No  Don't Know

Do you think that this student's grades are a valid reflection of his/her academic abilities?  Yes  No

*If no, please explain:*

**COMMENTS:**

Please use this space to provide any additional information that the Student Review Committee should consider when evaluating this student's application to IMSA, including your involvement with him/her outside the traditional classroom, his/her ability to meet personal responsibilities such as taking care of self, meeting deadlines, personal initiative, etc. Please also include any obstacles this student has had to overcome in pursuing his/her educational goals, if appropriate. (Attach additional page if more space is needed)

**PERSONAL QUALITIES:**

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and task commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking of challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic risk taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATOR INFORMATION:**

Among the students I have encountered in my teaching career, this student ranks in the (check one):

top 1-2%     top 5%     top 10%     top 25%     top 50%     bottom 50%

Number of years teaching \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

Which year(s) did you teach this candidate? \_\_\_\_\_

Course(s) of instruction with this candidate \_\_\_\_\_

Evaluator Last Name	Evaluator First Name	Evaluator Title
School/Institution Name (No Abbreviations)	Office Phone (xxx-xxx-xxxx)	Email
School/Institution Address	Date Completed Evaluation	Evaluator Signature

**Teachers/Evaluators: Please retain a photocopy of this form for your records.**

**Submit electronically or return original paper form prior to postmark deadline of March 1, 2014:**

Office of Admissions, Illinois Mathematics and Science Academy, 1500 Sullivan Road, Aurora, Illinois 60506-1000

Phone: (630)907-5028 Fax: (630)907-5887 Email: [admissions@imsa.edu](mailto:admissions@imsa.edu)