

# Caldwell College

## 2011-2012 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 \_\_\_\_\_ mm/dd/yyyy Social Security # \_\_\_\_\_  
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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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**OFFICE OF UNDERGRADUATE ADMISSIONS**  
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