

ACADEMIC EVALUATION



CONTACT INFORMATION

First and Last Name

Department Title

Email, Phone

STUDENT INFORMATION

First, Middle, Last Name:

DOB:

Coalition ID (if known):

SCHOOL INFORMATION

Name, CEEB (if known)

Address

Phone, Fax

STUDENT ASSESSMENT

Has student waived their FERPA rights? Yes No

Course(s) in which you taught this student

Grade level/year this student was in your classes

Approximate number of students in each class you taught this student

Do you know this student in any other context?

What are the first words that come to mind when you think of this student?

RATINGS - (compared to this student's classmates)

Can't Answer or N/A	Areas	Below Average	Average	Very Good	Excellent	Outstanding	Recent Best
	Academic Achievement						
	Intellectual Engagement						
	Depth of Thought						
	Originality or Creativity						
	Quality of Writing						
	Contributions in Class						
	Discipline						
	Motivation						
	Initiative						
	Confidence						
	Resilience						
	Maturity						
	Integrity						
	Concern for Others						
	Faculty Respect						

Please include letter of recommendation with this form.