

BALDWIN WALLACE UNIVERSITY

Academic Teacher Evaluation (optional)



TO THE APPLICANT

Fill in the information below and give this form to a teacher who has taught you in an academic subject area.

Birth date _____ Month/Day/Year Gender _____ Social Security Number _____ (Optional)

Student Name _____ Last/Family _____ First _____ Middle (complete) _____ Jr., etc.

Address _____ Number and Street _____ City or Town _____ State _____ Country _____ Zip Code or Postal Code

School you now attend _____ CEEB/ACT code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Education Rights and Privacy Act (FERPA) you may have access to your recommendation after you matriculate.

Please indicate your preference:

- Yes, I *do* waive my right to access, and I understand I will never see this recommendation.
- No, I *do not* waive my right to access and may someday choose to review this recommendation.

Signature _____ Date _____

TO THE TEACHER

We are primarily interested in what you believe is important about the applicant's academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return your evaluation to the Baldwin Wallace University Office of Admission in the envelope provided you by this student. We are grateful for your assistance. Be sure to sign below.

Teacher's Name (please print or type) _____ Position _____

Secondary School _____

School Address _____

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

Signature _____ Date _____

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 (10th, 11th, 12th) and the level of course difficulty (AP, accelerated, honors, IB, elective, etc.)

EVALUATION

Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

RATINGS

Compared to other college-bound students in his or her secondary school class, how do you rate this student in terms of:

	<i>No basis</i>	<i>Below Average</i>	<i>Average</i>	<i>Good (above average)</i>	<i>Very Good (well above average)</i>	<i>Excellent (top 10%)</i>	<i>One of the top few encountered in my career</i>
Creative, original thought							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
Potential for growth							

CONFIDENTIALITY

We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at Baldwin Wallace University. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. Unless required by state law, colleges may not provide access to admissions records to applicants, those students who are denied admission or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. Baldwin Wallace University does not discriminate on the basis of race, creed, age, disability, national origin, gender or sexual orientation in the administration of any policies or programs.

Please return this form to: Office of Admission, Baldwin Wallace University, 275 Eastland Road, Berea, OH 44017-2088