
Teacher/Faculty Evaluation

STUDENT

Detach this form from the Application packet and fill in the information below. Give this form and a stamped envelope, addressed to the Keuka College Admissions Office, to a teacher or faculty member who has taught you an academic subject.

Student name: _____
Last/Family First Middle(complete)

Address: _____
Street City or Town State Zip Code

TEACHER/FACULTY

Keuka College finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. Please submit your references promptly. This reference form, or another reference you may have prepared on behalf of the student is acceptable. You are encouraged to keep a copy of this form in your private files for future reference. We are grateful for your assistance.

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 Keuka College. 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. Colleges do 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. Keuka College is committed to administer all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap, or sex. The admissions process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendments of 1972.

Please return this form to the Keuka College Admissions Office in the envelope provided you by the student.

Teacher/Faculty Name (please print or type): _____ Position: _____

Institution: _____

Address: _____
Street City or Town State Zip Code

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 (9th, 10th, 11th, 12th, college) and the level of difficulty (AP, accelerated, honors, I.B., elective, etc.).

EVALUATION

Please feel free to 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, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

RATINGS

Compared to other students in his or her entire class, 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%)	One of the top few encountered in my career
	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						

Signature: _____ Date: _____