



Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught.

	One of the top few I have ever encountered	Excellent (Top 10% this year)	Good (Above Average)	Average	Below Average	No basis for Judgment
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						

If the student is relatively weak or strong in any areas listed above, please elaborate.

In what way has the student made significant contributions to your community?

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and only disclosed to members of the Admission Committee or others considered necessary by the Director of Admission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone