

Teacher Evaluation Form

This form is a required component of the application process at Illinois Wesleyan University. Please fill in the student information below, save and email this pdf file to an instructor who has taught you in an academic subject. This finished pdf file would be emailed to: <u>iwuadmit@iwu.edu</u> and must come from your teacher's school email address.

Student Information

Student Name									
	First	Middle	Last						
Address									
Street		City		State	Zip				
High School									
High School									

Teacher Information

Illinois Wesleyan University appreciates your input in assisting us with the evaluation of candidates for admission. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. Thank you.

Teacher's Name	Position			
High School				
Teacher's Phone ()	Email			
Signature	Date			

My typed signature above certifies this recommendation

Evaluation

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?

Compared to other students you have taught, 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%)	Outstanding (top 5%)	One of the top few taught in my career
Crea	ative, original thought							
Mot	tivation							
Self-	-confidence							
Inde	ependence, initiative							
Inte	llectual ability							
Aca	demic achievement							
Wri	tten expression of ideas							
Effe	ctive class discussion							
Disc	ciplined work habits							
Pote	ential for growth							