

STEVENS INSTITUTE OF TECHNOLOGY

Application Due Date Freshman: Early Decision I - November 15 Early Decision II - January 15 Regular Decision - February 1
 Transfer: Fall semester - July 1 Spring Semester - December 1

TEACHER EVALUATION

APPLICANT: Fill in the following information and then give this form to your teacher with a pre-addressed, stamped envelope. Request its prompt completion and return to Stevens.

Name Mr. Miss Ms. _____
last first middle

Addresses - Home _____
street city state zip county country

Mailing _____
(if different than home) street city state zip county country

High School _____ CEEB Code _____
name

Address _____
street city state zip county country

Transfer Applicants - Please complete this section

College _____ CEEB Code _____
name

Address _____
street city state zip county country

Signature _____ Date _____

TEACHER: Please complete the following and return it to Stevens in the pre-addressed, stamped envelope provided by the applicant.

How long have you known this applicant and in what context?

What grade(s) has the student received in your class(es)? Why?

Check the appropriate score based on your knowledge of the applicant in comparison to your other four-year college prep students.

	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent (Top 10%)</i>	<i>Truly Outstanding (Top 3-5%)</i>	<i>One of the top few I've ever met</i>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy and Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION

*Please write an appraisal of the applicant, including what distinguishes the student from his/her classmates, and an assessment of the academic and personal qualities, as well as the potential of becoming a Stevens student.
(Photocopied reports or an evaluation on letterhead are acceptable; please attach.)*

Signature _____ Date _____

Print Name _____ Title _____

I have been teaching for _____ years at this school; teaching a total of _____ years. Subject(s): _____

Best time to reach you for questions, if necessary _____ Telephone/E-mail _____