

## FOR THE STUDENT TO COMPLETE

Name \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX (JR., III, ETC.)

Mailing Address \_\_\_\_\_  
NUMBER AND STREET APT. #

\_\_\_\_\_  
CITY STATE ZIP/POSTAL CODE COUNTRY

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

I recognize the confidential nature of this document and I  do  do not waive the right to access this information.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR THE TEACHER TO COMPLETE

Teacher's Name \_\_\_\_\_

School Name \_\_\_\_\_ Position/Subject \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

What are the first three words that come to your mind when asked to describe this applicant? \_\_\_\_\_

In making the following ratings, keep in mind that they will be used to compare this student to highly capable students. Please make your ratings as realistic as you can in comparison with other college-bound students by checking the **single** most appropriate box.

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE TOP STUDENTS I HAVE ENCOUNTERED IN MY CAREER	NO BASIS FOR JUDGMENT
A. Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Perseverance/Follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Maturity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Summary evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

