Stony Brook University

TEACHER EVALUATION FORM

APPLICANT INSTRUCTIONS: Please type or print in black ink. After completing all the relevant questions below and on the top of Page 2, give this form to a teacher who has taught you an academic subject (for example, English, foreign language, math, science, or social studies).

Please also give that teacher a stamped envelope addressed to: **Stony Brook University**
Undergraduate Admissions
118 Administration Bldg.
Stony Brook, New York 11794-1901
USA

Birth Date:__ __/__ __/__ __ __ __ (month / day / year) Social Security #__ __ __ - __ __ (Optional) - __ __ __ __Stony Brook ID # (if known): __ __ __ __ __ __ __ __ __

Student's Full Legal Name:_____/_____/_____ ☐Female ☐Male
Last/Family Name (enter name exactly as it appears on official documents) First/Given Name Middle Name

Address:_____
Number and Street Apartment # City or Town State/Province Country ZIP/POSTAL CODE

School you now attend_____ CEEB/ACT Code_____

Important Privacy Notice: Under the terms of the Family Educational Rights and Privacy Act (FERPA) you WILL have access to your recommendation after your matriculate UNLESS you waive your right to access below:

☐Yes, I do waive my right to access, and I understand I will never see this recommendation.

☐No, I do not waive my right to access and may someday choose to review this recommendation.

Signature:_____ Date:_____

TEACHER INSTRUCTIONS: Stony Brook University finds candid evaluations helpful in choosing from among highly qualified candidates. A photocopy of another reference you may have prepared on behalf of this student is acceptable in lieu of page 2 of this form. Type or print in black ink and return this form to Stony Brook University's Office of Undergraduate Admissions in the envelope provided to you by this student. Please submit your reference promptly. **Be sure to sign below.**

Teacher's Name (Mr./Ms./Dr., etc.):_____ Title:_____

Signature:_____ Date:_____

Secondary School:_____

School Address:_____
Number and Street City or Town State/Province Country ZIP/POSTAL CODE

Teacher's phone (_____)_____ Teacher's e-mail_____
Area Code Number Ext.

Stony Brook University

TEACHER EVALUATION FORM

Birth Date:____/____/____ Social Security #__ __ __ - ____ - __ __ __ __Stony Brook ID # (if known): __ __ __ __ __ __ __ __ __
month / day / year (Optional)

Student's Full Legal Name:_____/_____/_____ ☐Female ☐Male
Last/Family Name (enter name exactly as it appears on official documents) First/Given Name Middle Name

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 (10th, 11th, 12th; first-year, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

_____

RATINGS: Compared to other students in his or her class year, how do your rate this student in terms of:

No Basis		Below Average	Average	Good	Very Good	Excellent	Outstanding	Exceptional-Rare
	Academic achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Productive class discussion							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	Overall							

EVALUATION: Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. Please feel free to provide additional comments on a separate sheet.