

# 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: **Undergraduate Admissions  
118 Administration Building  
Stony Brook University  
Stony Brook, NY 11794-1901  
USA**

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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 you 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.



Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_ - \_\_\_ - \_\_\_ (Optional) Stony Brook ID # (if known): \_\_\_\_\_  
month / day / year

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?

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What are the first words that come to your mind to describe this student:

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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.).

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**RATINGS:** Compared to other students in his or her class year, how do you 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.