

ALBERT COLLEGE

TEACHER'S EVALUATION

The student named below has applied for admission to Albert College. Your name has been given as a reference. Comments from you in the areas listed on both sides of this form will be particularly helpful in our evaluation of this applicant. All remarks will be kept confidential.

Applicant's Name _____ Current Grade Level _____
(Last) (First)

How long have you known the candidate? _____ In what capacity? _____

How does the applicant relate to his/her peers? Please be as specific as possible giving examples where appropriate. _____

Please describe any attitudes and abilities which appear to you to be noteworthy. _____

Please indicate any activities in which you know the applicant has participated with distinction. _____

In your opinion, the applicant's two greatest personal strengths are: _____

In your opinion, the applicant's two greatest personal weaknesses are: _____

Please comment on the applicant's disciplinary record at your school: _____

In relation to students of the same age whom you have known, please summarize your rating of the applicant. (Please circle one)

As a student?	Outstanding	Excellent	Above Average	Average	Below Average
As a person?	Outstanding	Excellent	Above Average	Average	Below Average

Please rate the applicant in the categories listed below. If you feel unable to make a judgement in a particular category, place a check in the final check box.

	High	Average	Low	No Rating
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect & concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability / maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perserverance & initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<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"/>
Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would appreciate any additional comments you may wish to make. Please attach a separate sheet. Thank you for your assistance.

Date: _____ **Name:** _____ **School Address:** _____

Email: _____ **Position:** _____

Business Telephone: (_____) _____ **Business Fax:** (_____) _____

Please Send Reference Letter To:

ALBERT COLLEGE
 160 Dundas Street, West , Belleville, Ontario, K8P 1A6
 Telephone: (613) 968-5726 Facsimile: (613) 968-9651 Admission: 1-800-952-5237
 Email: hkidd@albertc.on.ca