

TEACHER EVALUATION

This form *must* be completed by a teacher in a major subject area:
Math, English, History, Science, or Foreign Language.
(Recommendations from other teachers will not be accepted)



Student Name: _____ School District: _____
 School Name: _____ School Phone: _____
 School Address: _____ City, State, Zip: _____

The above student is applying to Pathways to College, an afterschool program requiring additional effort beyond the normal school day. He/she must have a recommendation from a teacher as part of the application process. Your candid evaluation is important to our consideration of the student. This form has been designed to take a minimal amount of you time.
Please return the completed form to sbscholars@pathwaystocollege.org

Attributes	One of top few ever taught (1)	Excellent (Top 10%) (2)	Average (3)	Below Average (4)	No basis for judgment (5)
Academic Potential					
Academic Achievement					
Class Preparation and Participation					
Creativity					
Ability to Work Independently					
Concern for Others					
Responsibility					
Overall Evaluation as a Student					
Overall Evaluation as a Person					

Are you currently teaching the applicant? Yes No If yes, in what subject(s)? _____

Have you taught the applicant in the past? Yes No If yes, in what subject(s)? _____

If you would like to make additional comments, please do so below:

By signing this Pathways to College Teacher Recommendation – either by typing in full name and date or scanning in a handwritten signature – and emailing the completed form to sbscholars@pathwaystocollege.org from my school email address, I attest that this recommendation was completed in consideration of the student named above.

Teacher Name _____ Subject Taught _____

Teacher Signature _____ Date _____

Thank you for your time and for your support of this student's educational goals.