

## TEACHER RECOMMENDATION

**To the Applicant:** After completing all of the relevant questions below, give this form to a teacher who has taught you an academic subject (English, foreign language, math, science, or social studies). Please also give that teacher a stamped envelope addressed to **Arcadia University, Office of Enrollment Management, 450 S. Easton Road, Glenside, PA 19038.**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS			
CITY	STATE	ZIP CODE	DATE OF BIRTH
SCHOOL YOU NOW ATTEND		CEEB/ACT CODE	

Term applying for:  Fall 20\_\_\_\_  Spring 20\_\_\_\_

### IMPORTANT PRIVACY NOTICE

Under the terms of the Family Education Rights and Privacy Act (FERPA), you will have access to your recommendation after you matriculate unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## TO THE TEACHER

Arcadia University finds candid evaluations helpful in choosing from among highly qualified candidates. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. Please return it to Arcadia University, Office of Enrollment Management in the envelope provided by this student. Please submit your references promptly. Be sure to sign on the reverse side.

### BACKGROUND INFORMATION

How long have you known this student and in what context?

What are the first words that come to you to describe this student?

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th; freshman, sophomore; etc.) and the level of course difficulty (AP, accelerated, honors, IB, elective; 100-level, 200-level, etc.).

## RATINGS

Compared with other students in his or her class year, how does this student rate in terms of:

	No Basis	Below Average	Average	Good (above average)	Very Good (Well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

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TEACHER'S NAME

TITLE

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SCHOOL

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SCHOOL ADDRESS

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CITY

STATE

ZIP CODE

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TEACHER'S PHONE NUMBER

TEACHER'S E-MAIL ADDRESS

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SIGNATURE

DATE