



TEACHER EVALUATION FORM

TEACHERS SHOULD SEND COMPLETED FORM TO:

Mail Trinity University, Office of Admissions
One Trinity Place, San Antonio, Texas 78212

Fax 210-999-8164 Email admissions@trinity.edu

STUDENT INFORMATION (to be completed by the student)

FULL LEGAL NAME		First	Middle	Last	Date of Birth	__ / __ / __ __ __
Street Address				Email		
City	State	Zip		Phone ()		

I recognize the confidential nature of this document and I do don't waive my right to access. (please select one)

Student Signature	Date
-------------------	------

TEACHER INFORMATION (to be completed by the teacher)

TEACHER NAME	Subject(s) Taught	
High School	City	State
Phone ()	Email	

How long have you known this student?

In which grade level(s) did you have this student in class?

Please indicate which courses this student has taken from you? Were they AP, IB, accelerated, honors, or elective courses?

How would you describe this student?

Do you feel that this student's performance in your class(es) was reflective of their true academic ability? Yes No

If not, please describe the circumstances.

EVALUATION (Please write any additional information about this student that you would like to share with the admissions committee.)

TEACHER RECOMMENDATION (please attach letter of recommendation to this form)

I recommend Enthusiastically Strongly With Concern No Personal Reference Would you like to discuss this applicant over the phone? Yes No

Teacher Signature	Date
-------------------	------