



PROMISE APPLICANT TEACHER EVALUATION OF APPLICANT

☐ MATHEMATICS TEACHER -OR- ☐ SCIENCE TEACHER

Student Last Name

Student First Name

Evaluation Instructions:

Thank you very much for completing an evaluation form for an Illinois Mathematics and Science Academy PROMISE applicant. Your honest assessment of the applicant is greatly appreciated.

Upon completion of this form, please be sure to save a copy for your records. Completed evaluation forms should be emailed to applications@imsa.edu. If submitting via email is not possible, you may also fax the completed form to 630.907.5887 or mail it to IMSA Admissions at 1500 Sullivan Road, Aurora, IL, 60506.



TO BE COMPLETED BY THE EVALUATOR

CLASSROOM BEHAVIORS:

(Attach additional page if more space is needed)

Please describe an example in which this candidate demonstrated exceptional **academic ability**.

Please provide a specific example in which this candidate demonstrated a true **excitement for mathematics or science**.

Please provide an example in which this student **demonstrated curiosity and/or creativity**.

Please describe this candidate's **willingness and ability to work both in a group and independently**.

Please describe this candidate's **oral and written communication skills**.

Please describe this candidate's **preparation and study skills**.

IN YOUR OPINION:

Does this student have a **serious interest** in studying mathematics, science and/or technology? ☐ Yes ☐ No ☐ Don't Know

Does this student have an **aptitude** for studying mathematics, science and/or technology? ☐ Yes ☐ No ☐ Don't Know

Do you think that this student's grades are a valid reflection of his/her academic abilities? ☐ Yes ☐ No

If no, please explain:

COMMENTS:

Please use this space to provide any additional information that the Student Review Committee should consider when evaluating this student's application to the PROMISE program, including your involvement with him/her outside the traditional classroom, his/her ability to meet personal responsibilities such as taking care of self, meeting deadlines, personal initiative, etc. Please also include any obstacles this student has had to overcome in pursuing his/her educational goals, if appropriate. (Attach additional page if more space is needed)

PERSONAL QUALITIES:

Outstanding

Good

Average

Below
AverageNo Basis
for Judgment

Reasoning ability

☐☐☐☐☐

Motivation and task commitment

☐☐☐☐☐

Self-sufficiency

☐☐☐☐☐

Leadership

☐☐☐☐☐

Maturity

☐☐☐☐☐

Seeking of challenges

☐☐☐☐☐

Social adaptability

☐☐☐☐☐

Problem solving

☐☐☐☐☐**EVALUATOR INFORMATION:**

Among the students I have encountered in my teaching career, this student ranks in the (check one):

☐ top 1-2%☐ top 5%☐ top 10%☐ top 25%☐ top 50%☐ bottom 50%

Number of years teaching _____ How long have you known this candidate? _____

In which grade(s) did you teach this candidate? _____

Course(s) of instruction with this candidate _____

Evaluator Last Name

Evaluator First Name

Evaluator Title

School/Institution Name (No Abbreviations)

Office Phone (xxx-xxx-xxxx)

Email

School/Institution Address

School District Name

Evaluator Signature & Date

Teachers/Evaluators: Please retain a photocopy of this form for your records.

Submit electronically or return original paper form prior to postmark deadline of September 29th, 2015:

Office of Admissions, Illinois Mathematics and Science Academy, 1500 Sullivan Road, Aurora, Illinois 60506-1000

Phone: (630)907-5028 Fax: (630)907-5887 Email: applications@imsa.edu