PROMISE APPLICANT TEACHER EVALUATION OF APPLICANT

■ MATHEMATICS TEACHER -OR-	☐ SCIENCE TEACHER
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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.
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Please provide a specific example in which this candidate demonstrated a true excitement for mathematics or
science.
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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.
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Please describe this candidate's oral and written communication skills.
Flease describe this candidate's oral and written communication skins.
Please describe this candidate's preparation and study skills.
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IN YOUR OPINION:		Student Last Name			First Name		
Does this student have a serious interest in	n studying mather	matics, scien	ce and/or techi	nology? 🛚 Yes	□ No □ Don't Know		
Does this student have an aptitude for stud	Does this student have an aptitude for studying mathematics, science and/or technology?						
Do you think that this student's grades are a valid reflection of his/her academic abilities? \Box Yes \Box 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 Average	No Basis for Judgment		
Reasoning ability	Paramanan F		entermations	enternations ⁴ 1 and and of	crosses.		
Motivation and task commitment	enconnone Vagos alongos		provinces	patricia in	CONTROL OF THE STATE OF THE STA		
Self-sufficiency	PRINCES COST	Particular Con-		Service and the service and th	Control of the Contro		
Leadership	GRANDSKINS **App screen screet ²	Sanonna sond	alamanananan sa	- Common of	Common of the Co		
Maturity	edocation in	Constant of the Constant of th		data data	COUNTRY A		
Seeking of challenges	EROPERATURA Various arcon E ^{EP}	contraction of the second of t	and a contraction of the contrac	or and a sound	CONTRACTOR OF THE STATE OF THE		
Social adaptability	PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH	conscious (COLORODA **Accountered**		
Problem solving	The control of	CHECOSPOON	and the second of the second o	Construction of the Constr	Common Co		
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	o 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	Evaluato	Evaluator First Name			Evaluator Title		
School/Institution Name (No Abbreviations)	Office P	hone (xxx-xx	(x-xxxx)		Email		

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

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

School District Name

Evaluator Signature & Date

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

School/Institution Address