

# Chinese Teacher's Reference Form

Associated Colleges *in* China, 198 College Hill Road, Clinton, NY 13323

*To be completed by the applicant:*

Name of Applicant: \_\_\_\_\_ Term & Year of Interest: \_\_\_\_\_

I waive/do not waive (please circle one) my right to inspect the contents of the following reference.

Applicant's Signature: \_\_\_\_\_ Institution: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**This student has applied to the ACC program. If possible, please complete this form and return it to the student in a sealed envelope with your signature over the back flap. Otherwise, please mail it to the address above before February 15 for students applying for summer, March 1 for students applying for fall, or before October 15 for students applying for spring. Please note that we have rolling admissions; forms should be completed as quickly as possible so that the application can be processed. Your candid appraisal is appreciated.**

1. How long and in what capacity have you known the applicant?

2. Please list all Chinese courses you have taught the applicant:

<u>Course Title</u>	<u>Textbooks Used</u>	<u>Number of Terms</u>
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1.

2.

3.

4.

3. Please evaluate the applicant's Chinese language proficiency in comparison to other students at the same level.

4. Does the applicant need further training in any particular skill in order to better prepare for the ACC program? If so, what type of preparation would you recommend?

5. What is your overall estimation of the applicant's academic strengths and weaknesses, maturity, self-motivation and self-discipline?

6. Please use the chart below to evaluate the student in the following areas:

	<b>Poor</b> (lowest 20%)	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b> (top 10%)
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments are welcome:

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_ Date: \_\_\_\_\_