

## SCHOOL REPORT (Secondary School Counselor Evaluation)

First-Year and Transfer

Student's Name \_\_\_\_\_  
*family first middle*Address \_\_\_\_\_  
*number/street/apartment city postal code country*

### Student

Fill in the top section of this form before giving it to your counselor, principal or headmaster for completion. Also, indicate to your counselor the deadline for submission of this form by checking the appropriate box to the right. In requesting that your adviser submit this form, you are authorizing the school to provide all information requested.

Please submit by:

- Early Decision I ..... November 15  
 Early Decision II ..... January 2  
 Regular Decision ..... January 15

List all classes you are taking this year with course title, level and term:

Level (Advanced, Honors, AP, IB)	Course Title	Term(s)	Level (Advanced, Honors, AP, IB)	Course Title	Term(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Counselor

The student listed above is applying for admission to Macalester College. A candid report is essential to ensure complete and fair consideration of this candidate. Your report is an integral and important component of our evaluation and we thank you for the significant time and effort it takes to provide a thoughtful reference. It will be read with great care and attention.

**Courses:** Please verify that the student's current course schedule matches the classes listed above. Make corrections above if there is any discrepancy.

**Transcript:** Please advise your student if it is her/his responsibility to see that a transcript is sent to Macalester College. Otherwise, attach an official transcript to this report. Mid-year or second trimester grades should be sent when available.

**CONFIDENTIALITY:** U.S. federal law mandates that only *enrolled* students have access to their educational records. Prior to actual matriculation (e.g., during the admission process), applicants do *not* have this right of access. Macalester College will guarantee the strict confidentiality of your recommendation because it will be destroyed prior to the student's enrollment and will not become part of his/her educational record.

**Cumulative Grade Average**      Applicant's Cumulative GPA is \_\_\_\_\_ on a \_\_\_\_\_ scale       Weighted (preferred)      **GPA** covers a period from \_\_\_\_\_ to \_\_\_\_\_  
 Unweighted

**Rank in Class**      Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_      If the exact rank is not available, please indicate approximate rank from the top: \_\_\_\_\_ decile       Weighted (preferred)  
How many students share this rank? \_\_\_\_\_       Unweighted      **Rank** covers period from \_\_\_\_\_ to \_\_\_\_\_

**Curriculum and Schedule**      Number of **A.P.** or **I.B.** courses offered? \_\_\_\_\_      Courses taken on a block schedule?  Yes  No  
Number of **Honors** courses offered? \_\_\_\_\_      Calendar:  Quarters  Semesters  Trimesters

Please indicate percentage of graduating class who attend:      4-year colleges/universities \_\_\_\_\_ %  
2-year colleges/universities \_\_\_\_\_ %

In comparison with other college-bound students *at your school*, this applicant's course selection is:

- Less Demanding       Average       Demanding       Very Demanding       Most Demanding

Has this student ever been dismissed, suspended or subject to any school-related or legal disciplinary action?  Yes  No

Have any special circumstances interfered with the applicant's academic achievement (e.g., health, family, employment or other commitments)?  Yes  No

Do you have any concerns about this student's integrity?  Yes  No

***If you answered "Yes" to any of the preceding questions, please describe and explain below or on a separate sheet.***

Please write a summary appraisal of this student, addressing academic ability and motivation, intellectual characteristics, academic performance, co-curricular talent/dedication, organizational and leadership skills and personal qualities. We would like to know both strengths and relative weaknesses and welcome information that would help us differentiate this student from others. You may wish to attach a separate sheet if the space below is inadequate. Also, feel free to call us at (800) 231-7974 or (651) 696-6357.

How would you compare this student to other members of her/his class?

	<b>Below Average</b>	<b>Average</b>	<b>Good</b> <i>(above average)</i>	<b>Excellent</b> <i>(top 10% this year)</i>	<b>Outstanding</b> <i>(top few this year)</i>	<b>One of the Top Few</b> <i>(encountered in ___ years' experience)</i>
<b>Academic Achievement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Extracurricular Contributions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Qualities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student for admission to Macalester College:

Not Recommended  With Reservations  Fairly Strongly  Strongly  Enthusiastically

Counselor's Name \_\_\_\_\_ Title \_\_\_\_\_  
*print or type*

School \_\_\_\_\_ E-mail \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_  
*number/street* *country code/city code/number*

\_\_\_\_\_ School Fax \_\_\_\_\_  
*city* *postal code* *country* *country code/city code/number*

School Code Number \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(if applicable)*

***Please attach a copy of this student's official grade report and testing record and mail to:***

Office of Admissions, Macalester College, 1600 Grand Avenue, St. Paul, Minnesota 55105-1899, U.S.A. Phone: (651) 696-6357 FAX: (651) 696-6724