

SCHOOL REPORT (Secondary School Counselor Evaluation)

First-Year

Student's Name _____
*last first middle*Address _____
number/street/apartment city state/zip 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 (<i>Advanced, Honors, AP, IB</i>)	Course Title	Term(s)	Level (<i>Advanced, Honors, AP, IB</i>)	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: 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 guarantees the strict confidentiality of your recommendation because it will be destroyed prior to the student's enrollment and will not become part of her/his 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?

	Below Average	Average	Good <i>(above average)</i>	Excellent <i>(top 10% this year)</i>	Outstanding <i>(top few this year)</i>	One of the Top Few <i>(in ___ years' experience)</i>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-curricular Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Qualities	<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 *area code* *number*

_____ School Fax (_____) _____
city *state/zip code* *country* *area code* *number*

School Code Number _____ Date _____ Signature _____

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. Toll free: (800) 231-7974 FAX: (651) 696-6724