

Secondary School Report

INSTRUCTIONS: Counselors, please verify that the **For the Student** section is complete (if it is not, ask the student to provide the missing information), fill out the **For the Counselor** section and forward this form, along with other supporting/attached documents, to either individual or multiple schools to which this student is applying.

FOR THE STUDENT

Student Name				SSN (optional)
Address				Date of Birth (mm/dd/yyyy)
City		State/Provi	nce	ZIP/Postal Code
Country		Phone		Email
I am applying for:	O Early Decision	O Regular Decision	◯ Other _	

Important Privacy Note: By signing this form, I authorize all schools I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by the institution(s) to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

By signing below, I agree to the preceding statement.

I waive my right to access these records, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

Required Signature	Date

FOR THE COUNSELOR

High School	_ High School CEEB		
Address			
City State/Province	ZIP/Postal Code		
Phone Fax			
Counselor's Name	Title		
Email			
Percentage of class attending: Four-Year Two-Year institution	ons.		
Grading Scale 0 4.0 0 100 0 Other Passing Grade Stu	udent's GPA Oweighted Ounweighted		
GPA includes (check all that apply): 09th Grade 010th Grade 011th Grade	🔿 12th Grade		
Student rank in a class of as of: O 9th Grade O 10th Grad	de \bigcirc 11th Grade \bigcirc 12th Grade \bigcirc We do not rank		
This student's course selection is: O Most Demanding O Very Demanding	O Demanding O Average O Below Average		
Please list the applicant's senior-year courses indicating term/marking period (include co			

COUNSELOR SECTION (CONTINUED)

Please rate your student compared to other students in his or her class.

	Top 10%	Above Average	Average	Below Average
Academic Achievements	0	\bigcirc	0	\bigcirc
Extracurricular Accomplishments	0	\bigcirc	\bigcirc	\bigcirc
Personal Qualities and Character	0	\bigcirc	0	\bigcirc
Overall	0	\bigcirc	0	0

Please expand on your student's abilities, accomplishments and character in the space below – attach additional pages if needed.

OR simply attach a letter of recommendation you have already written, if you believe it adequately addresses this request.

Please answer the following questions.

Has the applicant been found responsible for a disciplinary violation at your school from 9th grade forward whether academic or behavioral, which						
resulted in the applicant's probation, suspension, removal, dismissal or expulsion from your school?				Yes	◯ No	
To your knowledge, has the app	licant ever been convict	ed of a misdemean	or, felony or other crime?	P O Yes	⊖ No	
If you answered yes to either or both questions, please attach a separate sheet of paper with the approximate date of each incident and explain						
the circumstances.						
I recommend this student:	O Very Highly	Highly	O Moderately	○ With Reservations		

Date ____

Signature _____