

PHILLIPS EXETER ACADEMY

School Report

Principal/Guidance Counselor

THE COMMON RECOMMENDATION FORM

TO THE STUDENT: Please print your name, address and school below and give this form and a stamped, addressed envelope for each school to your head of school, principal, or guidance counselor.

Student's name _____ LAST FIRST MIDDLE CURRENT GRADE

Student's address _____ STREET CITY STATE ZIP CODE COUNTRY

Current School _____ Previous School Attended _____

TO THE SCHOOL OFFICIAL: The student named above is a candidate for admission. The Admissions Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. Please complete this form and return it in the envelope provided. Please retain a copy of this completed recommendation form for your records.

How well do you know the student academically? _____ As a person? _____

Please attach:

- Final or mid-semester grades for fall term (must be included)
Recent teacher reports, if any
Grades since 6th grade, if available
A school profile, if available
Standardized test scores

School serves grades: _____ to _____ Number of students in entire school: _____

In what month does your school year begin? _____ end? _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percent of your students receive which grades? _____

Does your school rank? Yes No Is your rank: Approximate Exact How many students are in the entire grade? _____

Does your school use a block scheduling system? Yes No

This candidate ranks _____ out of _____. _____ other students share this rank.

Are students placed in sections according to ability? Yes No If yes, please tell us in which level the applicant is placed for each subject.

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for other than reasons of health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, do not hesitate to say so.

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others deemed necessary by the director of admissions.

_____ SIGNATURE		_____ DATE	_____ SCHOOL ADDRESS	
<input type="checkbox"/> Ms.	_____ PRINTED NAME		_____ EMAIL ADDRESS	
<input type="checkbox"/> Mrs.	_____ TITLE		(_____) _____ TELEPHONE	
<input type="checkbox"/> Mr.				
<input type="checkbox"/> Dr.				