

**Secondary School Report/  
Counselor Recommendation First-  
Year Students**

**EARLHAM**

*Please print or type.*

**To the applicant**

Please return as soon as possible. Due date: \_\_\_\_\_

Complete the four lines below. Give this form, with a stamped envelope addressed to **Admissions Office, Earlham College, Richmond, Indiana** 47374-4095, to your secondary school counselor.

Name of applicant \_\_\_\_\_  
*last first middle*

Home address \_\_\_\_\_  
*number and street city state ZIP code*

Secondary school \_\_\_\_\_  
*official name*

\_\_\_\_\_ *number and street city state ZIP code*

**Family Educational Rights and Privacy Act of 1974**

Under the provisions of this Act you have the right, if you enroll at Earlham, to review your permanent educational records. This form will not be included as part of your permanent record. It will be read only by those persons with a legitimate interest in the admissions process, as determined by the Dean of Admissions.

**To the counselor**

This individual is applying for admission to Earlham. A full and candid report from your school is essential if he or she is to be given fair consideration. We ask, therefore, for careful comments about character and ability by a school official who knows the student well. We want to know this candidate as more than a list of classes and set of test scores. Letters or photocopied reports are perfectly acceptable, but they should be attached to this form. If we can be of assistance, do not hesitate to call or write. We can be reached by phone at the following number, toll-free: 1-800-EARLHAM (1-800-327-5426).

**Secondary school record:** Please attach a copy of the student's secondary school record and include here a list of courses in which the student is currently enrolled:

\_\_\_\_\_  
\_\_\_\_\_

In comparing this student with other college preparatory students at your school, would you say the applicant's course selection is:

- most demanding     demanding     average     less than demanding

For Indiana high schools: 1. Is it anticipated that this student will earn the Indiana Academic Honors Diploma?     Yes     No

2. Is this student enrolled in the 21st Century Scholars' Program?     Yes     No

3. Is this student completing the Core 40 curriculum?     Yes     No

**Cumulative GPA** \_\_\_\_\_ . (Please indicate scale \_\_\_\_\_.) Please check if GPA is weighted.

**Rank in class:** This candidate ranks number \_\_\_\_\_ in a class of \_\_\_\_\_ students.

This rank covers a period from \_\_\_\_\_ to \_\_\_\_\_. Please check box if this school does not rank students.

Of this candidate's graduating class, approximately \_\_\_\_\_% plan to attend a four-year college.

**Testing:** The school may report test scores on the transcript. SAT I Verbal \_\_\_\_\_ Math \_\_\_\_\_ and/or

ACT composite \_\_\_\_\_ (ACT: E \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ SR \_\_\_\_\_). Date test taken \_\_\_\_\_.

**Please complete reverse side.**

How would you compare the applicant to his or her entire class? (Please check the **single** most appropriate box.)

	Outstanding (top 5% this year)	Excellent (next 10% this year)	Good (above average)	Average	Below Average	No Basis for judgment
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Summary Report

Please write a brief summary appraisal of the applicant's strengths and weaknesses in academic, extracurricular, and personal areas. How does this student compare with others in the class? Are there any special circumstances or background information we should know to help us evaluate this person's candidacy? **You may use a photocopied report or attach additional sheets if desired.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_ School \_\_\_\_\_

Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_