

Southwestern Academy - Application

The Admissions Process

Matching an individual student to a school, as well as a specific school to a student, is both an art and a science. A small, independent, primarily boarding school such as Southwestern Academy needs to create a well-balanced student body made up of individuals who can learn together. That is why we require a detailed application, outside references, official academic documents and, whenever possible, a campus visit and interview.

Southwestern Academy has a rolling admissions policy, depending on our limited spaces. A decision is based on our evaluation of the applicant's ability and desire to succeed and contribute academically and personally to our school community. Once your admissions file is complete, we will review all of the materials and inform you of our decision. You are encouraged to apply before March 1, but application for admission will be considered throughout the year as long as space is available.

We highly recommend a visit to one or both of our campuses. Please call to schedule a tour at 626.799.5010 ext. 203 or e-mail Admissions@Southwesternacademy.edu.

Application Checklist

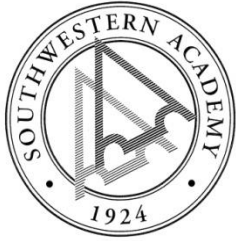
All of the following must be received by the Admissions Office before an application is considered complete and ready for review:

- Applicant Information/Student Questionnaire — To be completed by the student.
- Family Information/Parent Questionnaire — To be completed by the parent/legal guardian.
- Request for Release of Student Records — To be completed by the parent/legal guardian.
- Health Statement — To be completed by the student's physician.
- Emergency Medical Release — To be completed by the parent/legal guardian.
- Principal/Headmaster/Counselor Recommendation with School Transcript/Records — To be given to the student's Principal, Headmaster, or Guidance Counselor with a return addressed envelope and postage. The school will need to send the recommendation directly to Southwestern Academy. **The transcript must include all courses and grades from the prior three years.**
- English and Math Teacher Recommendations — To be given to the current English and Math teachers, with a return addressed envelope and postage. The teacher will need to send the recommendation directly to Southwestern Academy.
- Copy of student's social security card/permanent resident card ~ Domestic students.
- Copy of student's passport ~ International students.
- A non-refundable application fee of \$100.
- A required interview in person or through Skype.

Additional forms are available on our website "Download Center" at www.SouthwesternAcademy.edu.

General Applicant Information

First Name	Middle Name	Family/Last Name	Preferred Name or Nickname
<u>Campus Preference:</u>		<input type="checkbox"/> Boarding <input type="checkbox"/> Day	FOR OFFICE USE ONLY Date Rec'd: _____ App Fee Rec'd: _____ AF Type: _____ Student #: _____
<input type="checkbox"/> Beaver Creek, Arizona campus	<u>Length of Attendance:</u>		
<input type="checkbox"/> San Marino, California campus	<input type="checkbox"/> More than one Academic Year		
<u>Semester/Year of proposed entrance:</u>		<input type="checkbox"/> One Academic Year	
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____	Current Grade Level: _____		
<u>Resident Status:</u>	Applying Grade:	For _____	
<input type="checkbox"/> Summer _____	<input type="checkbox"/> One Semester	<input type="checkbox"/> Session: _____	



SOUTHWESTERN ACADEMY

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APPLICANT INFORMATION

First Name _____ Middle Name _____ Family/ Last Name _____ Preferred Name or Nickname _____

Home Address _____ City _____ State/ Province _____ Country _____ Zip/ Postal Code _____

Home Telephone (include country, city, and area code) _____ Fax Number (include country, city, and area code) _____

Additional Telephone (include country, city, and area code) _____ Student's E-mail Address _____

Female Male

Age _____ Date of Birth (Month/Day/Year) _____ City and Country of Birth _____ Country of Citizenship _____

U.S. Citizen U.S. Permanent Resident International Student _____
Social Security/Greencard/International Student Passport Number _____

Educational Information

List the schools you have attended in the past three years (***name, address, phone, contact name & grade levels***) beginning with your current school. If you need additional space, please attach a separate sheet of paper.

1. _____
2. _____
3. _____

Is English your first language? Yes No If no, what is your first language? _____

Have you studied English? Yes No If yes, how long? _____

Have you ever repeated a grade? Yes No If yes, which grade and why? _____

Have you ever skipped a grade? Yes No If yes, which grade and why? _____

Have you ever been suspended, dismissed or expelled from any school? Yes No If yes, please explain: _____

International Students

Have you ever lived in the United States? Yes No If yes, for how long? _____ Where? _____

Immigration Status: U.S. Permanent Resident I require an I-20 I require a transfer I-20 I have a ____ visa

A copy of my passport and/or greencard is enclosed (required for I-20 issuance/residence status): Yes No

Have you ever taken an English proficiency test? Yes No If yes, what test and when? _____

Please check the appropriate boxes to indicate your English skills:

English Speaking Ability: None Beginning Good Very Good Excellent

English Reading Ability: None Beginning Good Very Good Excellent

English Writing Ability: None Beginning Good Very Good Excellent

Southwestern Academy - Student Questionnaire

We would like to know more about you, including your interests, talents, and experiences. Please answer the following questions. There are no right or wrong answers.

1. What is your favorite subject? _____ Why? _____
2. What is your least favorite subject? _____ Why? _____
3. Do you like to read? Yes No What are your favorite books? _____
4. What type of music do you like? _____
5. Do you play any musical instruments? Yes No If yes, which one(s) and for how long have you been playing it/them?

6. Are you an artist or interested in art? Yes No If yes, what type of art? _____
7. Are you interested in playing sports? Yes No If yes, please list in order of preference: _____

8. Do you enjoy outdoor activities such as hiking, camping, and backpacking? Yes No Never tried If yes, what have you done and when? _____ If you've never tried them, would you like to? Yes No
9. In what other extra-curricular activities or hobbies do you participate? _____

10. Please list any leadership or other positions of responsibility you have held. Also list any awards or honors you have received.

11. Please complete the following unfinished sentences to give us a better idea of your interests:
 - a. My greatest strength is _____
 - b. My greatest weakness is _____
 - c. The happiest day of my life was _____
 - d. I would like to be _____
 - e. People think that I am _____
 - f. I am most concerned about _____
 - g. The best three words to describe me are _____
 - h. I would like to improve _____
 - i. I have always wanted to try _____
12. What are your educational goals? _____

13. How do you feel Southwestern Academy can help you achieve these goals? _____



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FAMILY INFORMATION

Student Lives With (please check all that apply): Mother Father Stepmother Stepfather

Other (specify): _____

Parents are: Living together Separated Divorced – Who has legal custody? _____

Single Parent Mother Deceased Father Deceased

Information About (check one):

Father Stepfather

First Name Middle Name Family/Last Name

Occupation Title Company Name

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Telephone (inc. area/country code) Fax

E-Mail Address

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

Do you read English? Yes No

Information About (check one):

Mother Stepmother

First Name Middle Name Family/Last Name

Occupation Title Company Name

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Telephone (inc. area/country code) Fax

E-Mail Address

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

Do you read English? Yes No

If relevant, please indicate to whom and where an additional copy of all correspondence should be sent:

Name: _____ Relationship: _____

Address: _____

Street Address City State/Province Country Zip/Postal Code

Area Code/Phone Number: _____ E-Mail: _____

Names and ages of brothers and sisters: _____

Name(s) and address(es) of grandparent(s), if living: _____

Parent Questionnaire

Are you applying for financial aid? Yes No Do you need a copy of the Parent Financial Statement (PFS)? Yes No
Applicants whose families can meet the full annual charges are not eligible for such assistance. Southwestern Academy has a limited amount of financial aid available for U.S. Citizens and Permanent Residents. (The Academy subscribes to the School Scholarship Service in Princeton, New Jersey.) Financial aid forms should be requested from the admissions office.

Please answer the following questions. If you need more space, feel free to continue on a separate sheet of paper.

Which resource(s) did you use to learn about Southwestern Academy? School Fair Magazine/Newspaper

Independent Educational Consultant/Agent School Resource Book Current/former Southwestern parent/student

Internet/World Wide Web Name of resource/website: _____

What are your goals for your student at Southwestern Academy?

Please describe your student's character and/or personality?

Has your student experienced any significant problems with academic performance, emotions, behavior, or language development? If so, has your student received special tutoring or counseling related to these problems? Please explain.

Have there been family changes or illness which would cause the student to become distracted from otherwise normal performance?

Please explain why you feel your student would make a positive addition to our student body:



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REQUEST FOR RELEASE OF STUDENT RECORDS

Last/Family Name	First Name	Middle Name	Date of Birth (Month/Day/Year)
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To Whom It May Concern:

The above named student has been enrolled or has applied for enrollment at Southwestern Academy. Please forward the cumulative records, including test scores or counseling information normally released by your school. Please include a description of the grading system used as well as course credit distribution. We would especially appreciate any counseling comments you may choose to provide.

Please mail to:

The Admissions Office
Southwestern Academy
2800 Monterey Road
San Marino, California 91108

Or scan and e-mail to: Admissions@southwesternacademy.edu

Parent Release

I/We hereby declare that we are the parent(s)/legal guardian(s) of:

I/We authorize the release of my/our child's academic records and psychological testing scores as required by Southwestern Academy. I/We will not seek access to confidential information provided before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from the furnishing of records, documents, and other information provided to Southwestern Academy for that purpose and when acceptance has been offered, I/we authorize release of the full record when transfer to Southwestern Academy occurs.

Signature of parent/legal guardian: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____



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EMERGENCY MEDICAL RELEASE AND HEALTH STATEMENT

Student's Last/Family Name _____ Student's First Name _____ Date of Birth (Month/Day/Year) _____

_____ Female Male _____
Social Security/Green Card/International Student Passport Number _____ Religious Preference (if any) _____

REPORT OF PHYSICAL EXAMINATION (to be completed by attending physician(s) within the past 12 months)

Date of Examination: _____

Has the applicant ever had any of the following?					Any disease, impairment or abnormality of:			
YES	NO		YES	NO		YES	NO	
		Allergies to drugs			Parasites (intestinal, other)			Abdominal Organs, Digestive System
		Food Allergies			Vertigo, Dizziness			Bones, Joints, Locomotors System
		Smoke Allergies			Rheumatic Fever			Blood, Endocrine System
		Pet Allergies			Eating Disorders			Tonsils, Nose or Throat
		Asthma			Chicken Pox			Varicose Veins
		Appendicitis			Rubella			Brain, Nervous System
		Cough (persistent, recurring)			Scarlet Fever			Ears or Hearing
		Diabetes Mellitus			Hepatitis			Eyes or Vision
		Enuresis			Hernia			Gentio-Urinary System
		Goiter (struma)			Malaria			Heart or Blood Vessels
		Headache (persistent, recurring)			Seizure Disorder			Lungs, Respiratory System
		Learning or Speech Defect			Sleepwalking			Skin (acne, etc.)

If "yes" is checked for any of the above, physician must provide full details: _____

Has the student ever been hospitalized? Yes No If yes, please explain: _____

Has the student ever been advised to have surgery that has not been performed? Yes No If yes, please explain: _____

Is the student presently taking any medication or injections? Yes No If yes, please explain: _____

Will the student bring any prescription(s) to the school? Yes No If yes, what prescription(s) and how often are they taken? _____

What is the purpose of each prescription? _____

Has the student ever consulted a neurologist, psychologist, or any other specialist in nervous or emotional disorders? Yes No

If yes, please explain: _____

Is the student still in the care of this specialist? Yes No If yes, please provide the following:

Name(s) of Specialist(s): _____

Specialty: _____ Phone Number(s): _____

Are there any restrictions of any kind in regard to school sports or other activities? Yes No If yes, please explain: _____

Are there any dietary restrictions for this student? Yes No If yes, please explain: _____

Student's Height: _____ Student's Weight: _____

Immunization Record

California and Arizona laws state that students must be adequately immunized before entering school. Please include all dates.

***REQUIRED for entrance.**

VACCINE	DATE EACH DOSE WAS GIVEN (must include month, day, and year)					
	1 st	2 nd	3 rd	4 th	5 th	Booster
*POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	/ /
*DPT/DtaP/DT/Td	/ /	/ /	/ /	/ /	/ /	/ /
*MMR (Measles, mumps, and rubella) **	/ /	/ /	**Or two shots of Measles, one of Mumps, and one of Rubella.			
Measles (Rubeola-10day, red measles)	/ /	/ /	If no immunization, give date student had Rubeola: / /			
Mumps	/ /	/ /	If no immunization, give date student had Mumps: / /			
Rubella (German measles – 3 day measles)	/ /	/ /	If no immunization, give date student had Rubella: / /			
*Hepatitis B	/ /	/ /	/ /			
*Varicella (Chickenpox)	/ /	/ /	If no immunization, give date student had Chickenpox: / /			
Hepatitis A	/ /	/ /				
BCG	/ /	Please note: the BCG vaccination is not valid in the U.S.				
Other	/ /	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /	/ /
TB Skin Test <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	Date given: / /	Date read: / /	mm indur	<input type="checkbox"/> positive <input type="checkbox"/> negative		If the skin test is positive a chest x-ray is needed.

Your opinion of the student's overall health: excellent good fair poor

I, the undersigned, have reviewed the medical history of the patient and conducted a thorough physical examination. I certify that all important information has been noted on this form and that nothing relevant has been omitted.

Physician's Signature: _____ Name (print): _____ Date: _____

Address: _____ Phone Number: _____

CONSENT TO MEDICAL/DENTAL CARE AND AUTHORIZATION TO RELEASE INFORMATION

Parents of students under eighteen years of age must sign the following statement to allow medical or dental care if necessary while the student is enrolled at Southwestern Academy:

I hereby authorize Southwestern Academy to arrange for health care and/or any physician or dentist to give whatever care in their professional opinion is necessary for my minor child while a student at Southwestern Academy. The School and any health care agency and their associated physicians, surgeons, and/or dentists, have my authorization to consult together as necessary. I hereby give my consent to any x-ray examination, anesthetic, medical, psychiatric, or surgical diagnosis or treatment and hospital service, and for the performance of an operation with whatever anesthesia is necessary at the discretion of the surgeon or anesthesiologist, whether such diagnosis or treatment is rendered at the physician's office or at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment that may be required and is given to authorize Southwestern Academy, its Headmaster or designee, and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment. It is further understood that this consent authorizes Southwestern Academy to communicate with health care providers regarding diagnosis and treatment, and to have access to the same information regarding diagnosis and treatment accessible to us if we were present. I hereby accept all responsibility for expenses in connection with the above and understand that neither a hospital nor Southwestern Academy is to assume financial responsibility for my minor child. I will honor charges for emergency services as if I had arranged for those services in person. This authorization remains in effect until revoked in writing by me. *I also certify that the information given on both sides of this questionnaire is complete and accurate. I have answered all the questions and disclosed all the details requested. I understand that this form must be signed and dated before my student enters Southwestern, and that inaccurate or misleading information is cause for denial of admission or expulsion of the student if enrolled.*

Parent's Signature: _____ Date: _____

Printed Name: _____ Day Phone: _____ Evening Phone: _____

Mailing Address: _____

Medical Billing Information (if the student receives medical care, to whom and where the medical bill should be sent?):

Name: _____ Telephone: _____

Address: _____
 Address City State/Province Country Zip/Postal Code



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PRINCIPAL/HEADMASTER/COUNSELOR RECOMMENDATION

To the Applicant:

Please type or print your name in the space below and then give this form, along with an addressed, stamped envelope to your current Principal, Headmaster or Counselor.

Name of student _____ Signature of student _____ Applying to grade _____ Date _____

To the Parent/Legal Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of parent/legal guardian _____ Signature of parent/legal guardian _____ Date _____

Phone number _____ E-mail address _____

To the Principal/Headmaster/Counselor:

This recommendation will remain confidential for admissions purposes only and will not become part of the student's permanent record. When you have completed it, please send it to the address listed above. Be sure the parent/legal guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? _____ As a person? _____

Please submit these materials along with your recommendation:

Recent teacher reports, if any Standardized test scores A school profile, if available

Final or mid-semester grades for current term (must be included) Grades since the 6th grade, if available

In what month does the school year begin? _____ End? _____

School offers grade levels: _____ to _____. Number of students in the entire school: _____

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

What percentage of your students receive which grades? _____

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

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

1. _____ 2. _____ 3. _____

If the student's attendance record is not listed on the transcript, please indicate the number of days he/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. _____

PRINCIPAL/HEADMASTER/COUNSELOR RECOMMENDATION (cont.)

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

Has he/she withdrawn from school voluntarily for an extended period of time for reasons other than 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 her or her age group whom you have taught. 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)	Very Good (above average)	Good (average)	Poor (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						

Is this student relatively weak or strong in any areas listed above? Please describe. _____

Please comment on this student's character, citizenship, and contributions to your school 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 comments are an important part of the student's application.

Name (please print) _____ Signature _____ Date _____

Title _____ School _____ Phone Number _____ E-mail Address _____

School Mailing Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____

If more convenient than mailing this sheet, please feel free to scan/send to:
Admissions@SouthwesternAcademy.edu



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ENGLISH TEACHER RECOMMENDATION

To the Applicant:

Please type or print your name in the space below and then give this form, along with an addressed, stamped envelope to your current English teacher.

Name of student _____ Signature of student _____ Applying to grade _____ Date _____

To the Parent/Legal Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of parent/legal guardian _____ Signature of parent/legal guardian _____ Date _____

Phone number _____ E-mail address _____

To the Teacher:

This recommendation will remain confidential for admissions purposes only and will not become part of the student's permanent record. When you have completed it, please send it to the address listed above. Be sure the parent/legal guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is/was the class? _____

Course Name(s): _____

Is the student on a block schedule? Yes No

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

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

1. _____ 2. _____ 3. _____

How accurately does the student read and understand what he/she has read? _____

How well does the student write in comparison with other students? Please be specific about areas of strength and weakness.

ENGLISH TEACHER RECOMMENDATION (cont.)

How well does the student accept advice or criticism? _____

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. 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)	Very Good (above average)	Good (average)	Poor (below average)	No basis for judgment
Knowledge and use of basic English grammar skills						
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Critical Thinking Skills						
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						

Is this student relatively weak or strong in any areas listed above? Please describe. _____

Please comment on this student's character, citizenship, and contributions to your school 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 comments are an important part of the student's application.

Name (<i>please print</i>)	Signature	Date
Title	School	E-mail Address
School Mailing Address	City	State/Province
		Country
		Zip/Postal Code

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MATH TEACHER RECOMMENDATION

To the Applicant:

Please type or print your name in the space below and then give this form, along with an addressed, stamped envelope to your current Math teacher.

Name of student _____ Signature of student _____ Applying to grade _____ Date _____

To the Parent/Legal Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of parent/legal guardian _____ Signature of parent/legal guardian _____ Date _____

Phone number _____ E-mail address _____

To the Teacher:

This recommendation will remain confidential for admissions purposes only and will not become part of the student's permanent record. When you have completed it, please send it to the address listed above. Be sure the parent/legal guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is/was the class? _____

Course Name(s): _____

Is the student on a block schedule? Yes No

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

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

1. _____ 2. _____ 3. _____

Next year what math course would be the most appropriate placement for the student? _____

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. If your school does not follow this sequence, please attach your curriculum. Please check those courses or list others that the student will have completed by the end of the current school year.

Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)

Second Year Algebra (not including trigonometry)

First Year Algebra (a thorough course that included quadratics)

Pre-Calculus (including analytical trigonometry)

Geometry

Calculus (an introduction)

Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)

Calculus (Advanced Placement AB)

Calculus (Advanced Placement BC)

MATH TEACHER RECOMMENDATION (cont.)

How well does the student accept advice or criticism? _____

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 you have taught. 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)	Very Good (above average)	Good (average)	Poor (below average)	No basis for judgment
Knowledge of Basic Math Skills						
Accuracy in the Use of Basic Math Skills						
Problem Solving Ability						
Reasoning Ability						
Understanding of and Appreciation for the Underlying Ideas and Concepts						
Effort						
Overall Performance						
Willingness to accept the challenge of the more difficult problems and exercises						
Command of mathematics when compared to other students whom you have taught						
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						

Is this student relatively weak or strong in any areas listed above? Please describe. _____

Please comment on this student's character, citizenship, and contributions to your school 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 comments are an important part of the student's application.

Name (please print)	Signature	Date
Title	School	E-mail Address
School Mailing Address	City	State/Province
		Country
		Zip/Postal Code

If more convenient than mailing this sheet, please feel free to scan/send to:

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