



Secondary School Report Form

Section 2: To the Guidance Counselor (continued)

Please assess the following skills/characteristics of the applicant:

- | | | | | |
|-----------------------|------------------------------------|-------------------------------|-------------------------------|--|
| Academic Readiness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Leadership Skills: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Interpersonal Skills: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Oral Communication: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Motivation: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Determination: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Persistence/Effort: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |
| Maturity: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Needs Improvement |

Of this applicant's graduating class, ____% plan to attend a four-year college.

How would you characterize the applicant's curriculum?

- Very Demanding/College Preparation Average Demanding Below Average

Please share general comments regarding the applicant's readiness for college-level work:

School Official Information –

Name: _____

Title: _____ School: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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