

SUMMER PROGRAMS 2020 APPLICATION FOR ON CAMPUS PROGRAMS AND STUDY ABROAD

To the school official (guidance counselor, adviser, principal or head of school): Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of our admission process. Letters of recommendation, including comments and information provided by the applicant's teachers, principals, and acquaintances, are held in confidence by Choate Rosemary Hall and will not be disclosed or shared to any third parties, including the applicant and/or the applicant's family.

To ensure confidentiality, the accompanying academic information (past and current transcripts) must be returned directly by the school to the Choate Summer Programs Office via mail, fax, or email.

STUDENT INFORMATION									
Student's First Name:			Studen	t's Preferr	ed First N	ame:			
Student's Last Name:									
Current School:									
Current U.S. Equivalent Gra	de Level: 🛛 6 ^{ti}	h 🛛 7 th	3 th	9 th	□ 10 th	□ 11 th			
What program at Choate Ro	semary Hall is th	nis student a	pplying ⁻	for:					
STUDENT EVALUATION									
work hard and flourish. You	r candid evaluat er ability and will	ion of this ap ingness to c	oplicant's ontribut	attitude to the li	and prom	who have demonstrated the ability to ise of success in a demanding course community (or to the cohesiveness of			
The above named student has been a student here since (mo/yr):						and will graduate in (year):			
How many students are the	re in the student	's entire grad	de?:						
If available, please give the	student's rank in	class:							
Primary language of instruc	tion at the schoo	l:							
The student is in what type	of academic prog Standard L			e not sect	ioned				
If the student's first languag	e is not English,	please chec	k one in	each of th	e followin	g:			
Written English:	Excellent	🛛 Good) Fair		oor			
Spoken English:	Excellent	🗖 Good) Fair		Poor			
Has the student ever been s If there are any issues regar									
What are the first three wor	ds that come to i	mind to desc	cribe this	student?					
Please comment on the stud	dent's character,	citizenship, a	and cont	ributions	to the con	nmunity			

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.

	One of the top few I have ever worked with	Excellent (top 10% this year)	Good (Above Average)	Average	Below Average	No Basis for Judgment
Academic Achievement						
Honesty/Integrity						
Commitment to excellence						
Concern for others						
Overall evaluation as a student						
Overall evaluation as a person						

How long have you known the student; in what relationship?

Would we be able to make a more informed decision by speaking with you personally? 🛛 Yes 🖓 No
Type of school: Dublic Dublic Parochial Dublicate
School Name:
School Mailing Address:
School Phone: () School Fax: ()
Prefix: 🗆 Miss 🗅 Ms. 🗅 Mrs. 🗅 Mr. 🗅 Dr.
School Official's First Name: School Official's Last Name:
School Official's School Email:
School Official's Administrative Position:
I understand that by signing below, I acknowledge and warrant the truthfulness of the information provided in this form.
Signature: Date:
Please return the completed form directly to the Choate Summer Programs Office via mail, fax, or email. Thank you !

Choate Rosemary Hall Summer Programs - 333 Christian Street, Wallingford, CT 06492

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