



Student Name: _____ Year of Graduation: _____

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL. Note: Please be sure that courses and grades from current and two previous years are included. If current grades are not available, please list current courses.

1 SCHOOL INFORMATION

School Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name of Principal: _____

Name of Exchange Coordinating Staff: _____

This school may be best described as the following (check all that apply): Public Private University preparatory Vocational Other (Please describe) _____

2 STUDENT STATUS

Student's current year in school: _____

Rank in class or other grouping: _____ Current GPA/average grade: _____

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:
 Top quartile 2nd quartile 3rd quartile Final quartile

By end of current school year student will have had _____ years of primary and _____ years of secondary schooling.

3 EXPLANATION OF GRADING SYSTEM

Outstanding = _____

Very Good = _____

Good = _____

Average/fair = _____

Poor = _____

Failing = _____

4 LANGUAGE PROFICIENCY

Foreign Language: _____

Proficiency (*P= Poor, F= Fair, G= Good, E= Excellent*)

English	P F G E	Other language	P F G E
Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Speaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Understanding conversation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Understanding conversation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5 STUDENT ADVANCEMENT/ATTENDANCE

Has the student missed or repeated a year or semester? Yes No If yes, indicate which year/semester and give reason: _____

Is there a history of frequent absences of two or more a month? Yes No If yes, attach an explanation.

