Secondary School Report Form

Instructions: Students should complete section I and submit the form to their school counselor. Counselors should complete sections II and III and forward the report to Catawba College. Please contact our Office of Admissions at 704-637-4402 with any questions.

SECTION I: (To be completed by student)

Student’s Full Name: ________________________________________________ SSN ________________ (optional)

Mailing Address: ______________________________________________________________

City:_______________________________________________________ State:____________  Zip:______________

Date of Birth (mm/dd/year): __________________________________________

By Signing this form, I authorize all schools I have attended to release all requested records covered under the Federal Education Rights and Privacy Act (FERPA) so that my application can be reviewed by Catawba College. I further authorize admissions officials reviewing my application to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

Signature: ____________________________________________________________________

SECTION II: (To be completed by Counselor)

High School Name:________________________________________________ High School Code:_______________

Counselor’s Name:_________________________________________________ Title:_________________________

Phone: ____________________________________ Fax: _________________________________

Email Address: ___________________________________________________________________

Percentage of class attending: 4-Year_______ 2-Year_______ institutions.

Grading Scale   [ ] 4.0   [ ] 100   [ ] Other   Passing Grade:_______  Student’s GPA:_______  [ ] Weighted [ ] Unweighted

GPA Includes (check all that apply): [ ] 9th Grade   [ ] 10th Grade   [ ] 11th Grade   [ ] 12th Grade

Student Rank _______ in a class of _______.  [ ] We do not Rank

Student’s course selection: [ ] Most Demanding   [ ] Very Demanding   [ ] Demanding   [ ] Average   [ ] Below Average

SENIOR YEAR COURSES:
First Term:                                                      Second Term:
Course                        Grade                        Course                        Grade
__________________________________________    _________________________________________
__________________________________________    _________________________________________
__________________________________________    _________________________________________
__________________________________________    _________________________________________
__________________________________________    _________________________________________
__________________________________________    _________________________________________

[ ] Most Demanding   [ ] Very Demanding   [ ] Demanding   [ ] Average   [ ] Below Average
### SECTION III: *(To be completed by school counselor)*

As compared to other students in his or her class, how would you rate the applicant in each category?

<table>
<thead>
<tr>
<th>No Basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Very Good (top 10%)</th>
<th>One of the Top Few in My Career</th>
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<tbody>
<tr>
<td>Academic Promise</td>
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<td>Academic Self–Discipline</td>
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<td>Academic Growth Potential</td>
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<td>Leadership</td>
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<td>Self Confidence</td>
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<td>Concern for Others</td>
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<td>Emotional Maturity</td>
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<td>Personal Initiative</td>
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<td>Reaction to Setbacks</td>
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<td>Work Ethic</td>
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</tbody>
</table>

- [ ] Highly recommend this student
- [ ] Recommend this student
- [ ] Recommend with reservations
- [ ] Do not recommend this student

1. Has the student ever been found responsible for any disciplinary action at your school, whether related to academic misconduct or behavioral misconduct, that resulted in probation, suspension, removal, dismissal or expulsion? [ ] Yes  [ ] No

2. To your knowledge, has the applicant ever been convicted of a misdemeanor, felony or other crime? [ ] Yes  [ ] No

*If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.*

### COMMENTS:

We welcome any additional information that you would like to provide about this student. You may use the space below or feel free to attach a separate letter of recommendation. Thank you for your assistance in helping us to evaluate this applicant.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Counselor’s Signature: ____________________________

Please return this form to:
Catawba College
Office of Admissions
2300 West Innes Street
Salisbury, NC 28144
FAX: 704-637-4222