



Evaluation Request Form

STUDENT: Please attach this “request for evaluation completion” letter to each of the evaluation forms for your mathematics, science, English, school Principal or Counselor and optional evaluator.

Dear _____;

I am applying for admission to the **Illinois Mathematics and Science Academy (IMSA)**, and I would like your evaluation of my preparedness for entrance into the Academy.

As a three-year (grades 10-12), residential, college preparatory program for Illinois students, IMSA offers more than 100 advanced courses in mathematics, science, the arts, and humanities with an emphasis on meaningful connections and integration. Personalized learning plans increase opportunities for students to deepen and strengthen their three-year academic experience. These plans also enable students to engage in learning unique to their interests, passions, and future goals. The innovative Student Inquiry and Research Program enables students to pursue compelling questions of interest and present findings of their original work. Through collaboration with other students, mentors, scholars, researchers, and inventors worldwide, IMSA students are able to conduct research and engage in entrepreneurial applied science and technology activities. IMSA’s unique schedule allows for special seminars led by world “masters”, academic consultation with expert faculty, and opportunities for academic work in leadership, community, and work service. Our entire faculty holds advanced degrees with over 50% holding a Ph.D. To promote collaboration, IMSA does not calculate grade point averages or class rankings. Tuition and most room and board expenses are provided by state funds. Some fees are charged based on family income and size.

It is highly selective, with admission determined by grades, SAT scores and qualitative factors, such as communication skills, demonstrated passion for math and/or science, and evaluations from teachers, counselors and others familiar with the applicant. Your assessment is critical to my application, and I thank you in advance for the time and thoughtful attention given to this evaluation.

Please retain a photocopy of the evaluation form for your records and submit electronically or return original forms directly to me prior to postmark deadline of March 1st, 2014. Thank you again.

Sincerely,

Student Applicant Signature (required)

Date

To ensure **students and evaluators** receive e-mail prompts related to the application process, we encourage one or more of the following actions:

- ☐ Adding admissions.edu and imsa.edu domains to the list of “safe” email addresses
- ☐ Disabling spam email filtering software
- ☐ Searching “Junk Mail” and “Bulk Mail” folders for admissions.edu and imsa.edu email

PRINCIPAL/SCHOOL COUNSELOR EVALUATION OF APPLICANT

Student Legal Last Name Legal First MI Nickname (if different than first name)

INFORMATION RELEASE AND EVALUATION WAIVER: Complete this section prior to giving to evaluator.

Please note: The Information Release and Evaluation Waiver for the applicant and Parent/Legal Guardian should be consistent. If they are not, we will follow the guidance of the Parent/Legal Guardian.

I, the undersigned, hereby request that all data in support of my application to the Illinois Mathematics and Science Academy to be available to IMSA officials.

As parent/legal guardian of the named student, I grant permission to release all school data in support of my son/daughter's application to IMSA.

Student Applicant Signature Date Parent/Legal Guardian Signature Date

I, the undersigned, hereby **waive my right to review** any comments or information included in this evaluation form or their supporting documents. (optional)

As parent/legal guardian of the named student, I **waive my right to review** any comments or information included in this evaluation form or their supporting documents. (optional)

Student Applicant Signature Date Parent/Legal Guardian Signature Date

TO BE COMPLETED BY THE PRINCIPAL/SCHOOL COUNSLEOR

Legal Last Name of Student Applicant Legal First MI **Current Grade Level**

Current School Name (No Abbreviations) Office Phone (xxx-xxx-xxxx) Email

Current School Address City State Zip

School Type: ☐ Public ☐ Parochial ☐ Charter ☐ Independent ☐ Home

Superintendent's Name

District Type and number

Total number of students enrolled in your school: _____

Please indicate which grades are taught at your school: _____

This student ranks _____ in a class of _____. ☐ No Rank Available

Please list Mathematics, Science and English course titles in spaces below:

If 8 th Grader	If 9 th Grader	Mathematics Course(s) <small>(Do NOT list grades here)</small>	Science Course(s) <small>(Do NOT list grades here)</small>	English Course(s) <small>(Do NOT list grades here)</small>
8th	9th			
7th	8th			
6th	7th			

Does your school offer honors or accelerated courses or programs? ☐ Yes ☐ No

If *limited availability* honors/accelerated courses or program, please explain: _____

If yes, how are students identified for participation in these courses or programs? (Please indicate if self-selection is permitted)

Is this student enrolled in honors courses and/or AP courses? ☐ Yes ☐ No

Will this student run out of **math** courses prior to the senior year at your area **high school**? ☐ Yes ☐ No

Will this student run out of **science** courses prior to the senior year at your area **high school**? ☐ Yes ☐ No

Does your school follow a block-scheduling format? ☐ Yes ☐ No

How many times have you met with this student? _____

Has this student been subjected to any disciplinary action from school? ☐ Yes ☐ No ☐ Unable to Disclose

If yes, please explain? _____

Has this student had any excessive absences from school in the last two years? ☐ Yes ☐ No ☐ Unable to Disclose

If yes, please explain? _____

Students eligible for Federal & State Subsidized Free (Tier I) & Reduced (Tier 2) Meal Programs qualify for IMSA Application Fee Waivers. We ask for Principal/Counselor assistance in identifying those students eligible for Office of Admissions Fee Waivers. Does this student currently qualify? ☐ Yes ☐ No

Please confirm that the following information is included with this completed form. We ask that you notify 9th grade students that they need to contact their jr. high/middle school Principal/Counselor for 7th & 8th grade reports, if not available at current high school.

☐ 2011-2012 Official Grade Report

☐ 2012-2013 Official Grade Report

☐ 2013-2014 Official Grade Report (1st Semester)

☐ School Profile (if available)

☐ Explanation of school's grading system

8th Grade Applicants Only

☐ Mathematics course description

☐ Science course description

Please DO NOT SEND general standardized test scores (ex. Terra Nova, Explore, ISAT), as they are not a necessary part of our selection process. Please staple grades/transcripts and SAT test score information separately from this evaluation form.

Principal/School Counselor Last Name	First Name	Title
School/Institution Name (No Abbreviations)	Office Phone (xxx-xxx-xxxx)	Email
School/Institution Address	Date Completed Evaluation	Signature

IMSA's programs, services, and activities are accessible to disabled individuals.

Teachers/Evaluators: Please retain a photocopy of this form for your records.

Submit electronically or return original paper form (in a sealed school envelope) directly to student prior to postmark deadline of March 1, 2014:

Office of Admissions, Illinois Mathematics and Science Academy, 1500 Sullivan Road, Aurora, Illinois 60506-1000

Phone: (630)907-5028 Within Illinois: 1-800-500-IMSA (4672) Fax: (630)907-5887 admissions@imsa.edu