



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



TEACHER EVALUATION OF APPLICANT - MATHEMATICS

☐ MATHEMATICS TEACHER

| 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 EVALUATOR

CLASSROOM BEHAVIORS: Please include behaviors that indicate potential for the areas listed below.

(Attach additional page if more space needed)

Please describe an example in which this candidate demonstrated exceptional **intellectual talent, curiosity, creativity and/or leadership**.

Please provide a specific example in which this candidate demonstrated a true **passion for mathematics**.

Please provide an example in which this student **thought and acted outside of the "mainstream"** in relation to his/her **performance**.

Please describe this candidate's **willingness and ability to work both in a group and independently**.

Please describe this candidate's **oral and written communication skills**.

Please describe this candidate's **preparation and study skills development**.

Please describe this candidate's **mathematical reasoning ability and ability to communicate articulately about the subject matter**.

IN YOUR OPINION:

Does this student have a **serious interest** in studying mathematics, science and/or technology? ☐ Yes ☐ No ☐ Don't Know

Does this student have an **aptitude** for studying mathematics, science and/or technology? ☐ Yes ☐ No ☐ Don't Know

Do you think that this student's grades are a valid reflection of his/her academic abilities? ☐ Yes ☐ No

If no, please explain:

COMMENTS:

Please use this space to provide any additional information that the Student Review Committee should consider when evaluating this student's application to IMSA, including your involvement with him/her outside the traditional classroom, his/her ability to meet personal responsibilities such as taking care of self, meeting deadlines, personal initiative, etc. Please also include any obstacles this student has had to overcome in pursuing his/her educational goals, if appropriate. (Attach additional page if more space is needed)

PERSONAL QUALITIES:

| | Outstanding | Good | Average | Below Average | No Basis for Judgment |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>Reasoning ability</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Motivation and task commitment</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Self-sufficiency</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Leadership</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Maturity</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Seeking of challenges</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Social adaptability and responsibility</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Academic risk taking</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EVALUATOR INFORMATION:

Among the students I have encountered in my teaching career, this student ranks in the (check one):

☐ top 1-2% ☐ top 5% ☐ top 10% ☐ top 25% ☐ top 50% ☐ bottom 50%

Number of years teaching _____ How long have you known this candidate? _____

Which year(s) did you teach this candidate? _____

Course(s) of instruction with this candidate _____

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