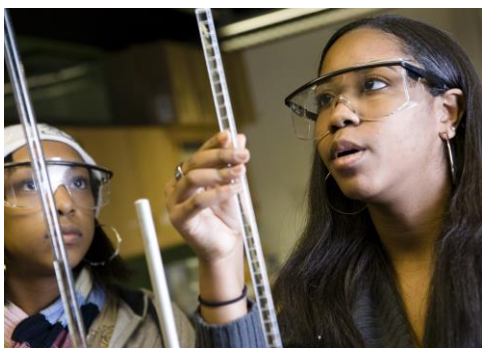


Application Checklist

All completed application files must include the following items:



- Application for admission, including essay responses
- Application fee
 - Applications will be charged a **non-refundable application-processing fee of \$75.00** (If paying by check, make payable to *IMSA*; include the student's name and birthday on the memo line.)
 - Paper applications will be charged a **non-refundable application-processing fee of \$100.00**



- One Math teacher evaluation form (with appropriate signatures)
- One Science teacher evaluation form (with appropriate signatures)
- One English teacher evaluation form (with appropriate signatures)
- One optional student selected evaluation form that addresses the student's achievement in mathematics, science, technology or leadership (with appropriate signatures)



- Current Principal or School Counselor evaluation form (with appropriate signatures)
- 2013-2014 official grade report sent from school directly or collected by student (in a sealed envelope)
- 2014-2015 official grade report sent from school directly or collected by student (in a sealed envelope)



- 2015-2016 official grade report (at completion of 1st semester) sent from school directly or collected by student (in a sealed envelope)
- SAT scores from an exam taken on or prior to January 23, 2016



WE STRONGLY PREFER THAT YOU SUBMIT YOUR APPLICATION ONLINE

NAME AND ADDRESS

APPLICATION ELIGIBILITY AND REQUIREMENT DETAILS

(Please note all students must meet application eligibility requirements to be considered for review. This includes a minimum of one year of algebra and a course equivalent to one year of high school level science.)

BIOGRAPHICAL INFORMATION

Sex: ☐ Male ☐ Female

Date of Birth: _____
 Month (MM) Day (DD) Year (YYYY)

Your **city, state and country** of birth: _____

Is English your first language? ☐ Yes ☐ No

If not, what other language(s) is spoken in your home? _____
 Primary Secondary Other

If English is not, your only language, how long have you spoken English? _____
 Years Months

OPTIONAL BACKGROUND INFORMATION

☐ Yes ☐ No Do you currently qualify for the Federal Free and Reduced Price Meal Program

☐ Yes ☐ No *Hispanic, Latino/a* - Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?

Select one or more races from the following five racial groups:

- ☐ *American Indian or Alaskan Native* - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ *Asian* - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ *Black or African American* - A person having origins in any of the black racial groups of Africa.
- ☐ *Native Hawaiian or other Pacific Islander* - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ *White* - A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
(Ethnic information is requested so that IMSA may demonstrate compliance with federal requirements.)

CURRENT SCHOOL INFORMATION

Official Name of School <i>(No Abbreviations)</i>	School District
Street Address	City State Zip
School Phone Number (xxx-xxx-xxxx)	School Type (high school, middle school, etc.)

PREVIOUS SCHOOL INFORMATION

Official Name of School <i>(No Abbreviations)</i>	School District
Street Address	City State Zip

Student Last Name	First	MI
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FAMILY INFORMATION

Write the **full name** of parent/legal guardian with whom you live:

Parent/Legal Guardian 1

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

MI

Relationship to Applicant:

☐ Home ☐ Cell ☐ Work

Parent/Legal Guardian Contact Phone Number

Parent/Legal Guardian Email

Parent/Legal Guardian 2

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

MI

Relationship to Applicant:

☐ Home ☐ Cell ☐ Work

Parent/Legal Guardian Contact Phone Number

Parent/Legal Guardian Email

APPLICATION SUPPLEMENTAL INFORMATION

Name the individuals completing your evaluation forms and the full name of their affiliations:

Mathematics Teacher

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

School/Organization

Science Teacher

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

School/Organization

English Teacher

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

School/Organization

Principal/School Counselor

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

School/Organization

Optional Evaluator (one optional evaluation form may be submitted)

☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name

First

School/Organization

SECTION II. To be completed by the STUDENT.

ACTIVITIES, INVOLVEMENT AND ACHIEVEMENTS

1. Please attach a list (*in bulleted form*) of any IMSA sponsored activities or programs (Informational Meeting, On-Campus Visitation Event, PROMISE SEAMS, EIP, LS2S, FUSION, Summer @ IMSA, etc.) in which you have participated. List full name of activity, date(s), and location, if known.
2. Please attach a list (*in bulleted form*) and describe your most meaningful extracurricular activities, organized or individual, during the past three years. Also indicate any leadership positions, as well as time involved per week in these activities. *IMSA reserves the right to verify participation in activities listed.* **(DO NOT USE ACRONYMS – PLEASE USE FULL NAME FOR ALL ACTIVITIES.)**
 - a. Mathematics, Science and Technology related activities:
(ex. Activity Your Age at time of Involvement Office/Position Hours per week)
 - b. Prioritize and describe your top three other areas of involvement (ex. sports, music, volunteer work):
(ex. Activity Your Age at time of Involvement Office/Position Hours per week)
3. Please attach a list (*in bulleted form*) and describe the most **meaningful awards** you have received in or out of school during the past three years. Include full name of award(s), year the award was received, and whether won at the local, state, national or international level. *IMSA reserves the right to verify awards received.* **(DO NOT USE ACRONYMS – PLEASE USE FULL NAME FOR ALL AWARDS.) Please do not send originals or copies of awards or certificates.**
 - a. Mathematics, Science and Technology related awards:
(ex. Name of Award Year Received Award Level - local, state, etc.)
 - b. Prioritize and describe your top three other awards (ex. sports, music, volunteer work):
(ex. Name of Award Year Received Award Level - local, state, etc.)

OPTIONAL STATEMENT

We attempt to identify those applicants whose previous school grades or admission test scores may under predict academic success. Among the factors we consider in making admission decisions are whether the applicant (1) is from an economically disadvantaged environment; (2) had a health problem which significantly affected, for a period of time, an otherwise exceptionally good academic record; (3) has a permanent physical disability, learning or attentional difference; (4) has completed an exceptionally rigorous academic program; (5) does not speak English at home; or (6) has other exceptional circumstances. This information is considered with your academic credentials. It is particularly relevant if your qualifications place you slightly below the competitive applicant pool. **Describe any factors like those listed above that you believe the selection committee should consider as they review your application.**

SECTION III. To be completed by the STUDENT.

Please respond on separate pages to ALL of the following questions.

STUDENT ESSAY QUESTIONS

1. What experiences have sparked your enthusiasm in STEM (science, technology, engineering, and/or mathematics)? Please include examples beyond required school coursework and the traditional classroom environment. (300-500 words)
2. If selected for admission, how do you plan to take advantage of IMSA's unique learning opportunities, and how do you intend to contribute to IMSA's learning environment? (300-500 words)
3. IMSA seeks a talented, engaged student population that embodies a wide range of experiences; we believe that the diversity of our students makes our community stronger. What do you see as the most valuable aspect(s) of living, learning, and collaborating within a diverse setting? (300-500 words)
4. If awarded \$1,000 to lead a service project within your community, what would it be? Please describe why you would choose this endeavor, how you would implement it, and what you hope the impact would be. (300-500 words)

SECTION IV. To be completed by PARENT/LEGAL GUARDIAN.**PARENT STATEMENT**

Please describe your child's passion/interest/motivation in mathematics, science and technology. Also, please provide any additional information that the Student Selection Committee should consider when evaluating your child's application to IMSA.

SECTION V. To be completed by the STUDENT and the PARENT/LEGAL GUARDIAN.**REQUIRED SIGNATURES**

The attached responses are samples of the applicant's work and have not been edited by others.

We understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admission to the Illinois Mathematics and Science Academy (IMSA) or subject to cancellation of registration if admission has occurred. The information given herein is true and accurate. Furthermore, we understand information contained within the applicant file will be shared with the Admissions Review and Selection Committees and by submitting application to IMSA, we consent to disclose this information to these committees, waiving our rights to review notes, reports, and recommendations of the Committees.

If the applicant is accepted for admission to IMSA, we agree to adhere to rules and regulation now in existence and those that may be established in the future by IMSA. We agree to permit information in this application, and other records resulting from applying to and attending the school to be made available on a confidential basis to the applicant's home school, other educational institutions, and for IMSA-approved research purposes. All application documents are retained by the Academy.

Further, we understand that admission decisions are based on multiple criteria including subjective judgments regarding academic and leadership potential, demographic representation, grades and test scores. **Students identified for Excel must successfully complete the 2-week program to be eligible for attendance in the fall.**

Student Applicant Signature (required)

Date

Parent/Legal Guardian Signature (required)

Date

**Reminder: the application must be submitted electronically or postmarked by February 1, 2016.
Please retain a photocopy of completed application for your records.**

EQUAL OPPORTUNITY INFORMATION: State Government policy prohibits discrimination based on race, gender, color, creed, religion, national origin, age and ancestry, sexual orientation, political affiliation or disability. The sole purpose of gathering this information is to ascertain the effectiveness of recruitment efforts in reaching all segments of the population. IMSA's programs, services and activities are accessible to disabled individuals.

Evaluation Request Form

STUDENT: Please attach this “request for evaluation completion” letter to each of the evaluation forms for your mathematics, science, English, Principal or Counselor form 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, 2016 for all supporting material. 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)
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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
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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)

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
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and task commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking of challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic risk taking	<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

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, 2016:

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

TEACHER EVALUATION OF APPLICANT - SCIENCE



☐ SCIENCE TEACHER

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

TO BE COMPLETED BY THE EVALUATOR

For 8th grade applicants: Considering (1) level of texts, (2) complexity of labs (if applicable), (3) district curriculum, and (4) ISBE State Standards, is this student's mathematics and/or science course taught at a high school level? ☐ Yes ☐ No

Please answer the following questions. (Attach additional page if more space is 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 science**.

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

If a lab based course, please describe this candidate's **performance in a laboratory**.

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 **scientific 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

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

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

TEACHER EVALUATION OF APPLICANT - ENGLISH



☐ ENGLISH TEACHER

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

TO BE COMPLETED BY THE EVALUATOR

CLASSROOM BEHAVIOR: 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 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 **critical 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
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and task commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking of challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic risk taking	<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

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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

TEACHER EVALUATION OF APPLICANT - OPTIONAL



☐ THE OPTIONAL EVALUATION SHOULD BE COMPLETED BY SOMEONE WHO CAN SPEAK TO YOUR PASSION FOR MATH AND/OR SCIENCE OR YOUR LEADERSHIP ABILITY

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

TO BE COMPLETED BY THE EVALUATOR

CLASSROOM BEHAVIOR: 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**.

If you are able, please provide a specific example in which this candidate demonstrated a true **passion for mathematics, science and/or technology**.

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 (if applicable) study skills development**.

Please describe this candidate's **critical reasoning ability and ability to communicate articulately**.

Student Last Name First MI

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 ☐ N/A
 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
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and task commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking of challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic risk taking	<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

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, 2016:

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

PRINCIPAL/SCHOOL COUNSELOR FORM



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 COUNSELOR

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 8th Grader	If 9th Grader	Mathematics Course(s) (Do Not list grades here)	Science Course(s) (Do Not list grades here)	English Course(s) (Do Not list grades here)
8 th	9 th			
7 th	8 th			
6 th	7 th			

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 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 1) & 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.

- ☐ 2013-2014 Official Grade Report
- ☐ 2014-2015 Official Grade Report
- ☐ 2015-2016 Official Grade Report (1st Semester)
- ☐ Explanation of school's grading system

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 (<i>No Abbreviations</i>)	Office Phone (xxx-xxx-xxxx)	Email
School/Institution Address	Date Completed Evaluation	Signature

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, 2016:

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