



Please complete the Initial Evaluation Form accurately and in English. If you have any questions, please contact your Education Consultant.

## BACKGROUND INFORMATION

<hr/>	
English Name	Chinese Name
<hr/>	<hr/>
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<hr/>	<hr/>
Preferred Email Address	Alternate Email Address
<hr/>	<hr/>
Mobile Phone Number	U.S. Phone Number (if applicable)
<hr/>	<hr/>
<a href="http://www.renren.com/">http://www.renren.com/</a>	<a href="http://www.facebook.com/">http://www.facebook.com/</a>
Renren URL	Facebook URL
<hr/>	<hr/>
QQ Number	<a href="http://www.weibo.com/">http://www.weibo.com/</a>
<hr/>	Weibo URL

<hr/>	<hr/>
Name of Parent	English Name (if available)
<hr/>	<hr/>
Preferred Email Address	Alternate Email Address
<hr/>	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Preferred Phone Number	<hr/>
<hr/>	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Alternate Phone Number	<hr/>
<hr/>	<hr/>
Mailing Address	
<hr/>	
Mailing Address (continued)	

## ACADEMIC INFORMATION

<hr/>	<hr/>	<hr/>
Name of High School	/ 4.0 GPA (unweighted)	top % Ranking (percentile)



- Current Grade:**     9<sup>th</sup> grade (初三)                       10<sup>th</sup> grade (高一)                       11<sup>th</sup> grade (高二)  
                               12<sup>th</sup> grade (高三)                       Gap Year                                       Other
- School Type:**         普通高中                                       重点高中                                       国际高中  
                               American (Public)                       American (Private)                       Other
- Curriculum:**         Regular                                       Experimental                               A-Level  
                               AP / IB                                       American                                       Other

How many B's (or equivalent) have you received on your report card? \_\_\_\_\_ How many C's? \_\_\_\_\_

### TOEFL / IELTS

Test Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Reading	_____	_____	_____
Listening	_____	_____	_____
Speaking	_____	_____	_____
Writing	_____	_____	_____

### SAT Reasoning Test

Test Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Critical Reading	_____	_____	_____
Mathematics	_____	_____	_____
Writing	_____	_____	_____

### SAT II Subject Tests

Test Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Math Level 2	_____	_____	_____
Physics	_____	_____	_____
Chemistry	_____	_____	_____
Other: _____	_____	_____	_____

### AP Exams

Biology	_____	Physics B	_____
Calculus BC	_____	Physics C: Mechanics	_____
Chemistry	_____	Physics C: Electricity & Magnetism	_____
Macroeconomics	_____	Psychology	_____
Microeconomics	_____	Statistics	_____
Other: _____	_____	Other: _____	_____
Other: _____	_____	Other: _____	_____



## AWARDS & HONORS

Please list all awards and honors you've received since the 9<sup>th</sup> grade / 初三. Be thorough and exhaustive. If you're unsure whether something counts as an award, err on the side of including rather than excluding it. Please indicate which grade(s) you obtained the award and how impressive / competitive the award is. If the complete title of the award is unclear or vague, please provide additional description.

Title / Description	Grade <sup>†</sup>		Scope <sup>‡</sup>	
1.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
2.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
3.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
4.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
5.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
6.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
7.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
8.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
9.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I
10.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> S	<input type="checkbox"/> R
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> N	<input type="checkbox"/> I

<sup>†</sup> 9 = freshman year / 初三; 10 = sophomore year / 高一; 11 = junior year / 高二; 12 = senior year / 高三

<sup>‡</sup> S = school level award; R = regional level award; N = national level award; I = international level award



## EXTRACURRICULAR ACTIVITIES

Please list **all** extracurricular activities you've participated since the 9<sup>th</sup> grade / 初三. Be thorough and exhaustive. If you're unsure whether something counts as an extracurricular activity, err on the side of including rather than excluding it. If you've spent considerable time on something, then it's worth mentioning it as an activity.

For each activity, provide the name of the organization and the title of your position. If the name of the organization is unclear, describe the organization's goals. If the title of your position is vague, describe your duties and responsibilities. For community service activities, please estimate the total number of hours you volunteered.

Indicate which grade(s) you've participated (and intend to continuing participating) in each activity. Categorize activities as academic, athletic, artistic, community service, or work experience in nature. If you founded the organization, held a leadership position, initiated a project or event, and/or helped fundraise or generate profits for your organization, please reflect that under "Roles".

Title / Description	Year(s)		Category <sup>†</sup>		Role(s) <sup>‡</sup>	
1.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		
2.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		
3.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		
4.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		
5.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		
6.	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
			<input type="checkbox"/> W	<input type="checkbox"/> O		



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7.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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8.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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9.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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10.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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11.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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12.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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13.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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14.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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15.

<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> A	<input type="checkbox"/> S	<input type="checkbox"/> F	<input type="checkbox"/> L
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> C	<input type="checkbox"/> V	<input type="checkbox"/> I	<input type="checkbox"/> P
		<input type="checkbox"/> W	<input type="checkbox"/> O		

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<sup>†</sup> A = academic activity; S = sports / athletic activity; C = creative / artistic activity, V = community service, W = internships / work experience; O = other

<sup>‡</sup> F = founding member; L = leadership position; I = initiated a project / event; P = raised money / profits