

EVALUATION OF FOREIGN SECONDARY SCHOOL CREDENTIALS

TRANSCRIPT TRANSMITTAL FORM

School: _____ Date: ___/___/___

GSR # _____ School Counselor telephone number: ___/___-___

From: _____ Subject: transcript evaluation

Counselor/Registrar/BLT name

reevaluation/revision

Please evaluate the attached transcript for:

Student's Name: _____
Last First Middle

Male Female Date of Birth: ___/___/___ Country of Birth: _____

Age: _____ Country in which student last attended school: _____

Native Language: _____ U.S.A. Date of Arrival: _____

Tentative initial English placement: ESL I ESL II ESL III Regular English

(Check one)

Original documents on file? Yes No Copies of original on file? Yes No

Comments/Suggestions/Requests:

Mail to:
Chicago Public Schools
Office of Language and Cultural Education
TRANSCRIPT EVALUATION
GSR #125
Tel. 773-553-4004
Fax 773-553-1931