

CONFIDENTIAL COUNSELOR/DP COORDINATOR EVALUATION FORM

Please complete this form with a dark black pen. Put it in the enclosed envelope and place either your signature or the school seal across the flap of the envelope. Please return it to the applicant. Please note that this is an evaluation form and not a recommendation form.

Name of High School: _____

Name of Applicant: _____ Male / Female (Please circle)

| Please place a check in the appropriate box. | Compared to all students whom I have taught, this student ranks in the | | | | | |
|---|--|---------|---------|---------|---------|---------|
| | Top 2% | Top 10% | Top 25% | Top 50% | Low 50% | Unknown |
| Academic motivation and intellectual curiosity | | | | | | |
| Creativity and originality | | | | | | |
| Ability to communicate effectively | | | | | | |
| Ability to take action | | | | | | |
| Ability to persevere | | | | | | |
| Ability to command, leadership | | | | | | |
| Self confidence | | | | | | |
| Works as a team player | | | | | | |
| Caring and thoughtful of others | | | | | | |
| Honesty and reliability | | | | | | |
| Appearance | | | | | | |
| Overall rating of applicant | | | | | | |
| Your description about this applicant's personality | | | | | | |

Please print your name: _____

Your position/Title: _____

School Address: _____

School Tel: _____ Home Tel: _____
(Please include country and area codes) (Please include country and area codes)

Fax: _____ Email: _____

Signature: _____ Date: _____