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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: _____