COUNSELOR EVALUATION



PERSONAL INFORMATION
First and Last Name
Department Title
Email, Phone
HIGH SCHOOL INFORMATION
Name and CEEB Code
Address
Phone, Fax
CLASS RANK
Secondary School Report can be substituted for this section. Please attach.
Does your school calculate a specific rank and class for students? Yes No
Do students share rank? (if yes, how many students share rank?) □ Yes □ No
Is class rank weighted? □ Yes □ No
What is the passing grade at your school?
Is GPA weighted? □ Yes □ No
What grading scale is used?
What is the highest GPA in the class?
CLASS INFORMATION
% college bound to 4-year institutions:
% college bound to 2-year institutions:
% of free/reduced price lunch:
Is block scheduling used? □ Yes □ No
Number of AP Courses offered (if applicable):
Number of IB Courses offered (if applicable):
Number of Honors courses offered (if applicable):
Is Dual Enrollment offered? □ Yes □ No
What is the highest level of coursework offered?
What is the title of the highest course in each major subject (English, history/social science, math, science and
foreign language)?
Are there limitations placed on a student's schedule/courseload? ☐ Yes ☐ No

COUNSELOR EVALUATION (CONT.)



at is this	student's class rank?						
ass Size:							
hat is this s	student's GPA?						
this studer	nt pursuing an AP, IB or similar di	ploma? If so	, please indica	ite the type o	of diploma the	y intend to rece	eive:
Below Co	ou characterize this student's aca bllege Prep □ College Pre ng Rigor Available at School	p	ram in the con A Few Advance g Opportunitie	ed Courses	□ Many	/ Advanced Cou	ırses
Waxiiiiizii	ng nigor Available at School	_ Seekiii	g Opportunitie	es Deyona Ivi	axiiiidiii Nigoi		
ATING	8						
Can't Answer or N/A		Below	Average	Very	Excellent	Outstanding	Recent
OF IVA	Academic Achievement	Average		Good			Best
	Extracurricular Achievement						
	Intellectual Curiosity						
	Contributions to School Community						
	Maturity						
	Confidence						
	Initiative						
	Reaction to Setbacks						
	Integrity						
	Concern for Others						
	Faculty/Staff Respect						
this acade	N EVALUATION mic record an accurate indication			be successf	ul in college?	□ Yes □	No
<i>r</i> ouid like t	o request a phone call to discuss to submit recommendation. □	applicant.	T				
	to submit recommendation.						

COUNSELOR EVALUATION (CONT.)



In light of natural disasters and emergency situations like the COVID-19 Pandemic, many schools have many significant
adjustments to their academic schedule, course offerings, method of instruction, and grading and testing policies. If you wish,
you may share information here regarding how your school or organization has responded to these events.
Please check all that apply:
☐ There were no significant changes
☐ We ended the 2020/2021 school year early.
☐ The 2020/2021 school year was extended.
□ Instruction was conducted online/virtually.
☐ All students were required to take their courses Pass/Fail
□ Students were given the choice to take their courses Pass/Fail, receive a grade, or receive an altered assesment method
☐ Students received grades from Spring 2021, but they are not included in GPA and/or class rank calculation
☐ Our school discontinued or modified operations as a standardized testing center.
☐ I would like to provide additional information.
Please provide any additional information you would like to share regarding how your school or organization has responded to
these events. Any notes specific to an individual student should instead be included in your recommendation letter.

Please include letter of recommendation with this form.