DeSales University

**Enrollment Services** 

## COUNSELOR EVALUATION

2755 Station Avenue Center Valley, PA 18034–9568 www.desales.edu

To be completed by the applicant:

Name	 	 	
Address			
Phone Number			

To be completed by the applicant's guidance counselor:

**APPLICANT EVALUATION:** Research has produced the following adjectives to describe the ideal DeSales student, please use the boxes provided to evaluate this applicant.

	No basis for judgment	Below Average	Average	Above Average	Excellent			
Enthusiasm								
Ambition								
Independent Thinking								
Work Ethic								
Creativity								
Involvement								
Kindness								
This student's course load w	ould be considered: 🛛 E	Below Average	□ Average	□ Above Average	Excellent			
Percentage of your students	that go on to 4-year institu	utions:						
Please use the space provided (or attach a sheet if necessary) to tell us more about this student.								
1 1	X	,,						
Signature				Date				
Name								
Title and Connection to Student								
High School								
Phone Number								
How long have you known this stude	ent?							