



DESALLES 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 traits 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student's course load would be considered: Below Average Average Above Average Excellent

Percentage of your students that go on to 4-year institutions: _____

Please use the space provided (or attach a sheet if necessary) to tell us more about this student.

Signature _____ Date _____

Name _____

Title and Connection to Student _____

High School _____

Phone Number _____

How long have you known this student? _____