Counseling Program
Student Admissions Evaluation Form
Fall 2014
December 1 Deadline

Student______________________________

GPA_______ Tests: PRAXISI _______GRE Not required-some include___________

Rater__________________________________

Program Level  Masters or Sixth Year (circle one)

Please rate the candidate on a scale of 1-5 (5 the tops) for each of the categories below.

1------------------------5
Poor/Low               Outstanding/High

Personal Statement (talks about school counseling
Goals, urban schools, etc,) ________

Strength of Recommendations ________

Fit with Program (exp: philosophy, role of school counselor
which they represent, relevance of experience) ________

Overall Impression ________

Total ________

Comments: