



Guidance Counselor Evaluation

If a Guidance Counselor is unavailable to complete this evaluation it may be completed by an advisor of any organization you belong. (religious, community, etc.)

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I would rate this student as follows:

- 1. Requires less more about the same amount of instruction as most students.
- 2. Requires minimal occasional considerable supervision or direction.
- 3. Does does not follow through on assignments.
- 4. Gets along not well well very well with peers.
- 5. Gets along not well well very well with adults.
- 6. Has has not shown adequate emotional stability to work with hospital patients.
- 7. Does does not exhibit general appearance of neatness.
- 8. Is is not regular in school attendance. If not regular, what is the cause of absence/tardiness? _____
- 9. Has below average average above average communication skills.

I recommend this student be accepted as a Teen Volunteer with University Hospitals of Cleveland.

I do not recommend this student be accepted as a Teen Volunteer with University Hospitals of Cleveland.

Comments: _____

Signature: _____ Title: _____

Print Name: _____ Phone: _____ Date: _____

All information contained in this form will remain strictly confidential. Please return evaluation to:

**University Hospitals Case Medical Center
Volunteer Services Department
11100 Euclid Avenue
Cleveland, OH 44106
Fax: 216-844-8796
Phone: 216-844-1504
Dominique.Hafley@UHhospitals.org**

