



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 hospitalized 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.

I do not recommend this student be accepted as a Teen Volunteer.

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
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Peggy.Sams@UHhospitals.org