



School Counselor Evaluation Form

We strongly encourage you to submit this form online at berea.college/evaluate

To Be Completed by the Applicant

Student's Name (*please print*): _____

Student's Date of Birth: _____ Name of High School: _____

High School City/State: _____

I hereby authorize the release of the information requested below and waive my right to review this form after completion.

Student's Signature: _____

While we recognize some school systems prefer not to provide some of the information asked below, your assistance on behalf of this applicant is very much appreciated and may be vital to the final determination of admission.

To Be Completed (and Submitted) by the High School Counselor

Your name (*please print*): _____

Phone _____ E-mail _____

Class Rank

Student's rank in class is _____ out of _____ students. If a precise rank is not available, please indicate the appropriate percentile: 90-100% 80-89% 70-79% 60-69% below 60% our school doesn't rank

Academic Initiative

Considering both the level and difficulty of this student's courses and the number of courses that will be completed by graduation, in comparison to other students at your school, their course selection is:

- Most demanding Very demanding Demanding Average Less than demanding

Student Impression

The first words that come to mind when describing this student are: _____

Attendance

In an average school year, this student misses the following amount of days: 0-10 11-20 21 or more

Does the student's attendance record reflect a desire to be an active learner? Yes No

Student Endorsement

Please select an endorsement level below:

- I fully endorse this applicant I endorse this applicant with some reservation I do not endorse this applicant

Please provide a short statement of endorsement: _____

Counselor Signature

Please return this completed form to:
Berea College Office of Admissions
CPO 2220, Berea, KY 40404 | Fax: 859.985.3512