Wallkill Senior High School Guidance Office

90 Robinson Drive, P.O. Box 310

## Wallkill, New York 12589

**845 895-7154 | FAX 845 895-1584**

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# Guidance Counselors Guidance Counselors

Mr. Voleile Derisse Mrs. Angela Terralavoro

Mrs. Opal Reid-Apronti Mrs. Sara Veach

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### Student Name Date

### RATINGS

Compared to other college-bound students in his or her secondary school class, how would you rate this student using the following terms:

**No Below Average Good Very good Excellent One of the top**

**Basis average above average (well above (top 10%) few encountered**

**Average) in my career**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Creative, original thought** |  |  |  |  |  |  |
|  | **Motivation** |  |  |  |  |  |  |
|  | **Self-confident** |  |  |  |  |  |  |
|  | **Independence, initiative** |  |  |  |  |  |  |
|  | **Intellectual ability** |  |  |  |  |  |  |
|  | **Academic achievement** |  |  |  |  |  |  |
|  | **Written expression of ideas** |  |  |  |  |  |  |
|  | **Effective class discussion** |  |  |  |  |  |  |
|  | **Disciplined work habits** |  |  |  |  |  |  |
|  | **Potential for growth** |  |  |  |  |  |  |

**Evaluation:**

Please feel free to write whatever you think is important about the applicant, including a description of academic and personal character. We welcome information that will help us to differentiate this student from others.

# Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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