

# WVC CAMP Evaluation Form

This form is to be completed by any school counselor, teacher, coach, or supervisor that has worked closely with the current applicant. Please provide your evaluator with adequate time to complete the form.

\*Evaluators: Please save as a PDF and email the completed form to back [camp@wvc.edu](mailto:camp@wvc.edu) or mail it to "WVC-CAMP, 1300 Fifth Street, Wenatchee, WA 98801."

## Evaluator Information

Evaluator Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_

In what capacity have you known this student (check all that apply)?

Teacher    Counselor    Mentor    Coach    Supervisor    Other \_\_\_\_\_

How long have you known this student?    1 year or less    2 years    3 years or more

## Rate personal qualities

For each question below, please enter X under each box to rate the applicant.

	Not Applicable	Below Average	Average	Above Average
1. Motivation To Attend College				
2. Time Management				
3. Honesty				
4. Consistency				
5. Work Ethic				
6. Understanding				
7. Ability				
8. Willingness To Ask Questions				
9. Determination/Perseverance				
10. Respect For Others				

## Rate need for CAMP Services

For each question below, please enter X under each box to rate the need for CAMP Services.

	Low Need	Average Need	Above Average	High Need
1. Academic Advising				
2. Tuition Assistance				
3. Career Planning				
4. Financial Assistance				
5. Personal Support/Mentoring				
6. Social Need				
7. Health Services				

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## Short Answers

What is the student's motivation for attending college?

In your opinion, how will this student adapt to a college setting? What will be his/her biggest challenge(s)?

What resources or services will be most beneficial to this student?

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Signature

Date

Email

Phone Number

*For more information, please contact us. We appreciate you assisting our future CAMP Scholar in joining our program and beginning their college journey!*