

## Guidance Counselor Confidential Evaluation

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Consent to release school records

I authorize a representative of the fore mentioned school to complete the School Guidance Counselor Evaluation Form in connection with the above student's application to participate in the Student Volunteer Program at Jersey City Medical Center. I understand the purpose of this form is to aid Jersey City Medical Center in selecting qualified student volunteers.

All information provided by the school will remain confidential.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Do not write below this line – to be completed by Guidance Counselor**

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) amount of supervision or direction.
3. (Does, does not) follow through on assignments.
4. Gets along (well, very well, not well) with peers.
5. Gets along (well, very well, not well) with older adults.
6. (Has, does not have) adequate emotional stability to work with hospital patients.
7. (Is, is not) regular in school attendance. If not, what is the cause of absence or tardiness?

\_\_\_\_\_ I recommend this candidate to be accepted as a Student Volunteer at  
Jersey City Medical Center.

\_\_\_\_\_ I do not recommend this candidate to be accepted as a Student Volunteer at  
Jersey City Medical Center.

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_