

## School of Applied Psychology & Counselor Education Doctoral Screening Form

Please distribute this form to your current instructors. Instructors should return completed forms to the advisor **within two weeks**.

Program: Counselor Education

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Student's Advisor \_\_\_\_\_

Name of Evaluator \_\_\_\_\_ Course(s) \_\_\_\_\_

Instructor: We would appreciate your help in providing us with information regarding the above named student for each of the following. Circle the number of the descriptor that most clearly reflects your impression of the student. **Please rate this student in relation to other graduate students you have had.** The descriptors are:

	Not enough information	Well below expectations	Below expectations	Meets expectations	Above expectations	Outstanding/well above expectations
Academic Ability						
Written Expression						
Verbal Expression						
Timely in Completing Assignments						
Motivation						
Commitment						
Maturity						
Reliability						
Clinical Skills						
Research Skills						
Interpersonal Skills						
Ability to Utilize Feedback						

Comments: (please use the reverse side if necessary)

This student should be:

- \_\_\_\_\_ Encouraged to continue
- \_\_\_\_\_ Reviewed after another semester
- \_\_\_\_\_ Offered remedial assistance
- \_\_\_\_\_ Discouraged from continuing in the program
- \_\_\_\_\_ I do not know the student well enough to make a recommendation at this time.