# WVC College Assistance Migrant Program (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 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 the student (check all that apply)?:**

[ ]  Teacher [ ] Counselor [ ]  Mentor [ ]  Coach [ ]  Supervisor [ ]  Other

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

## Rate personal qualities

**For each section below, please enter a number on a scale of 1-4. Each box should be given a single number from the following scale:** 1 = Below Average 2 = Average 3 = Above Average 4 =Extraordinary

**Motivation to attend college**:

**Time management**:

**Honesty**:

**Consistency**:

**Work ethic**:

**Understanding of college culture**:

**Ability to handle adversity**:

**Willingness to ask questions**:

**Determination/perseverance**:

**Respect for others**:

## Rate need for CAMP services

**For each section below, please enter a number on a scale of 1-4. Each box should be given a single number from the scale below:** 1 = Low need 2 = Average need 3 = Above average 4 = High Need

**Academic advising**:

**Tuition assistance**:

**Career planning**:

**Health services**:

**Financial Assistance**:

**Personal support/mentoring**:

**Social need**:

**Other**:

## Short answers

1. **What is the student’s motivation for attending college?**
2. **In your opinion, how will this student adapt to a college setting? What will be his/her biggest challenge(s)?**
3. **What resources or services will be most beneficial to this student?**

## Signature

Typed Signature:       Date: (M/D/YY):       Email:       Phone Number: