



Counselor Evaluation Form
For students who have just completed high school

The Following information is requested from the loan applicant's high school counselor:

Student's Name _____

Counselor's printed name _____ Counselor's Signature _____

Please rate the applicant using the following criteria:

Scholastic Evaluation

- ___ Excellent
___ Good
___ Fair
___ Poor

Integrity, Attitude, Dependability

- ___ Excellent
___ Good
___ Fair
___ Poor

Do you feel this student is prepared, academically and emotionally, for college? ___ yes ___ no

Comments: _____

ACT Scores: ___ English ___ Math ___ Reading ___ Scientific Reasoning ___ Composite

SAT Scores: ___ Critical Reading ___ Math ___ Writing ___ Total

Class Rank: ___ out of ___ total students Grade Point Average: ___ on a ___ scale

To your knowledge, has the applicant taken the THEA test? ___ yes ___ no ___ not sure

If yes, did the student successfully complete all parts of the test? ___ yes ___ no

If no, which parts were not successfully completed? _____

Additional comments (very important): _____

I hereby grant permission for _____ High School to release information from my son's/daughter's permanent records to Opportunity Plan, Inc.

Parent or Guardian's signature _____

Note: Applicant may sign the authorization if 18 years or older.