



Weekend Academy for Sport & Society Training Camp

Guidance Counselor or Program /Coordinator Director Recommendation

Counselor or Director Name:
Name of School or Program:

Date:
Title:

Student Name: _____
Grade: _____

Guidelines

Complete this review, using the following scale:

- NA = Not Applicable**
- 1 = Needs Work (Unsatisfactory)**
- 2 = Gets By (Marginal)**
- 3 = Meets Requirements**
- 4 = Exceeds Requirements**
- 5 = Exceptional**

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Consistent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Motivated</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leads by example</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Potential for Growth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: _____

Counselor/Program Coordinator Signature: _____