GUIDANCE COUNSELOR ASSESSMENT

instructions to students

After filling in the student information section below, ask your primary school guidance counselor to complete this counseling assessment form. Please supply your counselor with a stamped envelope addressed to **ASA Admissions, 375 West Broadway, Suite 200, New York, NY 10012.** Request that your school send an unofficial copy of your latest transcript and school profile to the same address.

student information

Name _____
FIRST LAST

Address _____
STREET

_____
CITY STATE ZIP COUNTRY (IF NOT USA)

cap program location to which you are applying:

☐ COLUMBIA UNIVERSITY ☐ TUFTS UNIVERSITY ☐ UC-BERKELEY

This counselor assessment will become part of your CAP counseling file. It will not be disclosed to any unauthorized individual without your consent. If you are admitted to the College Admissions program, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby ☐ WAIVE ☐ DO NOT WAIVE
my right of access to this document should I attend the College Admissions program.

Signature of Applicant _____ Date _____

instructions to guidance counselor

The College Admissions program is a 12-day college admissions prep program in which students live on a college campus and take intensive courses in personal essay writing and SAT preparation, take part in daily group and individual counseling sessions and visit colleges. Our faculty and counseling staff would greatly appreciate any information you can provide about this student's guidance counseling history as a basis for opening his/her counseling file. After completing this form, please send it, along with a school profile, to **ASA ADMISSIONS, 375 WEST BROADWAY, SUITE 200, NEW YORK, NY 10012**.

If you would like more information about ASA's College Admissions program:
☐ Please send me a CAP catalog ☐ Please schedule an information meeting in my school or town

guidance counselor information

Name (PLEASE PRINT) _____ Job Title _____

Signature _____ Date _____

School Name _____

School Address _____
STREET

School Address _____
CITY STATE ZIP COUNTRY (IF NOT USA)

Phone _____ Email _____

CONTINUED ON NEXT PAGE

GUIDANCE COUNSELOR ASSESSMENT

student information

CUMULATIVE GPA _____ **CLASS RANK** _____ **OUT OF** _____

☐ WEIGHTED ☐ UNWEIGHTED

How many times have you met with the applicant for college admissions counseling?

☐ I have met with his/her parents
☐ I have met with this student often (more than 6 times)
☐ I have met with this student fewer than six times
☐ I have never met with this student individually

Have you discussed potential application schools? If so, please list schools being considered.

_____

_____

_____

_____

What areas do you consider to be the applicant's admissions strengths?

☐ Superiority of Academic Record
☐ Strong Standardized Test Scores
☐ Success in Advanced Placement Courses
☐ Accomplishment in School Activities
☐ Leadership in School Activities
☐ Active in Community
☐ Success in Athletics
☐ Interest in Other Students
☐ Personality
☐ Other (please specify) _____

Comments: _____

_____

_____

If applicable, what concerns do you have about the applicant in regard to college admissions?

☐ Academic Record
☐ Standardized Test Scores
☐ High School Course Selection
☐ Little Involvement in School Activities
☐ Few Extracurricular Interests
☐ Lack of Interest in Other People
☐ Not Motivated to Attend College
☐ Other (please specify) _____

Comments: _____

_____

_____

What particular areas would you like the applicant to address while attending the CAP program?

☐ Academic Record
☐ Extracurricular Record
☐ College Selection
☐ Standardized Test Scores
☐ The Personal Statement
☐ Financial Aid
☐ Early Admissions
☐ Sports
☐ Interview Preparation
☐ Stress/Time Management
☐ Other (please specify) _____

Comments: _____

_____

_____

Please attach any additional comments or documents that the CAP counseling staff might find helpful. Please send this form with your school profile to: ASA Admissions, 375 West Broadway, Suite 200, New York, NY 10012.