

WELLNESS CENTER INTERN COORDINATOR APPLICANT RATING FORM

Wellness Coordinator Candidate: _____

Evaluator: Please indicate your assessment of this candidate in relation to other students you have worked with. A one signifies poorest and ten the highest/best -- DK (don't know).

I.	Low	High	
Sensitivity to others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Building Rapport with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Intervention Skill with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Openness to Feedback	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Communicate Clearly with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Active Listening	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Ability to Manage Time and Multitask	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Academic Ability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Reliability/Dependability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Writing Skills	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Public Speaking Skills	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Ability to Stay Organized	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Ability to Work Effectively with Persons from Diverse Backgrounds	<u>1 2 3 4 5 6 7 8 9 10</u>		DK

II. Please state briefly the course or context in which you know this student: _____

III. Please list two strengths and one area of growth for the applicant.

Strengths	Area of Growth
1. _____	1. _____
2. _____	

IV. Make any comments and/or list any special skill(s) or pertinent experiences of this student.

NAME: _____ DEPARTMENT: _____ DATE: _____

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