

WELLNESS CENTER INTERN APPLICANT RATING FORM

Wellness Intern Candidate: _____

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

I.

	Low	High	
	1 2 3 4 5 6 7 8 9 10		DK
Public Speaking	1 2 3 4 5 6 7 8 9 10		DK
Building Rapport with Others	1 2 3 4 5 6 7 8 9 10		DK
Creativity	1 2 3 4 5 6 7 8 9 10		DK
Openness to Feedback	1 2 3 4 5 6 7 8 9 10		DK
Academic Ability	1 2 3 4 5 6 7 8 9 10		DK
Reliability/Dependability	1 2 3 4 5 6 7 8 9 10		DK
Initiative	1 2 3 4 5 6 7 8 9 10		DK
Ability to Work Effectively with Persons from Diverse Backgrounds	1 2 3 4 5 6 7 8 9 10		DK

II. In what capacity and how long have you known 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. (Use the back of this form if necessary.)

NAME: _____ DEPARTMENT: _____ DATE: _____

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