



## Dual Enrollment Counselor Rating Form

**Instructions:** This form is to be completed by the high school counselor. Please complete the form and upload it to the student's application or send it via email to Emily Huey, DCPS College Prep Coordinator, at [Emily.Huey@k12.dc.gov](mailto:Emily.Huey@k12.dc.gov).

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**Counselor Information Section** (to be completed by counselor)

High School Name: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Type and number of courses offered at your school: AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

Maximum number a student may take in a given year, *if limited*: AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

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**Student Information Section** (to be complete by counselor)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ # of years at high school: \_\_\_\_\_

Student Rank: \_\_\_\_\_ Student Cumulative GPA: \_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Please rate your student compared to other students in their class by adding an "X":

	Not Applicable	Below Average	Average	Above Average	Exceptional (Top 10%)
Academic Achievement					
Emotional Maturity					
Extracurricular Accomplishments					
Academic Motivation					
Problem Solving Ability					
Peer & Teacher Relationships					



Please expand on your student's strengths and weakness.

Additional comments (information will be used to help us differentiate this student from others):

Do you recommend the student for participation in the 2022-2023 Dual Enrollment Program?

Yes

No

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_