

# COUNSELLOR ASSESSMENT

CAMP NAME: \_\_\_\_\_

YEAR \_\_\_\_\_

COUNSELLOR NAME: \_\_\_\_\_

COUNSELLOR ADDRESS: \_\_\_\_\_

PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

ASSESSMENT DONE BY: \_\_\_\_\_

POSITION \_\_\_\_\_

Area of Assessment: --- **COMMENTS PLEASE** ---

*Spiritual walk:*

*Spiritual Knowledge:*

*Communication with Campers:*

*Communication with Director:*

*Acceptance of advice by Director:*

*Work ethic:*

*Physical ability:*

*Emotional ability:*

*Make Campers their #1 priority:*

OTHER COMMENTS

Do you want this counsellor to return to your camp next year?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Maybe \_\_\_\_\_