



COUNSELOR FEEDBACK FORM

(Provide SATC with name and email address of counselor)

This form is for students applying for admittance into the Salina Area Technical College Welding Program.

Student's Name _____

Please rate the student on a scale of 1 (low) to 5 (high) on the following characteristics:

Character Traits	Rating
Behavior (ability to self-regulate)	
Commitment to Academic work	
Attendance	
Honesty / Integrity / Work Ethic	
Ability to work at a college level (Reading / Applied Mathematics)	
TOTAL	

Counselor's Name (Please Print)

Counselor's Signature

Comments:

Salina Area Technical College does not discriminate on the basis of race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, national origin, age, disability, family medical history or genetic information, military service, or any other non-merit based factor in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning compliance with the regulations implementing Title VI, Title VII, ADA, Title IX, Section 504, Title II, GINA, is directed to contact the Vice President of Student Services. 2562 Centennial Rd, Salina, KS 67401, 785-309-3100.