



## TEACHER EVALUATION FORM

Student's Name: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity have you known this student? \_\_\_\_\_

List five (5) adjectives that describe this student \_\_\_\_\_

***Please check the Box which best applies to the personality of this student:***

Characteristics	Outstanding	Above Average	Average	Below Average	Not Observed
Integrity					
Citizenship/ Contribution to school or community					
Leadership					
Academic potential					
Achievement in relation to potential					
Imagination and creativity					
Ability to think and act independently					
Academic motivation and study habits					
Maturity and responsibility in comparison to others of the same age					
Relations with peers					
Relations with adults					

Brief comment about student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Subject Taught

\_\_\_\_\_  
Date