

Applicant's Name _____

TEACHER EVALUATION FORM

PLEASE circle your choice USING THE FOLLOWING RATINGS SCALE:

1 Excellent 2 Very good 3 Good 4 Average

<p>RESPONSE TO ASSIGNMENTS and PERSERVERANCE</p> <p>1 2 3 4</p>	
<p>WRITTEN WORK</p> <p>1 2 3 4</p>	
<p>DECISION MAKING</p> <p>1 2 3 4</p>	
<p>SELF DISCIPLINE and DIRECTION</p> <p>1 2 3 4</p>	
<p>PEOPLE and CLASSROOM INTERACTION</p> <p>1 2 3 4</p>	

• Please include a letter of recommendation on your school's official letterhead.

Teacher's Position and contact information:

School Name _____

Grade/Subject taught _____

Teacher's Name _____

Teacher's Signature _____