District #_____

2009 SUMMER ACADEMY
STUDENT EVALUATION BY DISTRICT

Class_____

Teacher_____

Please rate each student on a scale of 1-5 in the categories below (1= poor, 5= exceptional)

Will be copied. Please use black ink or dark pencil.

Comments (optional)
Please use other side if necessary.

Student	Academic/Artistic Ability	Achievement: Major Objectives	Self-Motivation	Curiosity	Cooperation	Creativity/Imagination	Self-Discipline	Communication	Recommend that Student Return	