This form MUST be filled out by 2 different teachers- MUST be core class teachers (i.e. Math, Science, English, and Social Studies)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take a moment and evaluate this student on the following items. All information provided **will remain confidential**, so please be as honest as possible. YOUR OPINION DOES MATTER as the teacher evaluations play a major role in deciding our roster.

\*Please return to Coach Kruger’s Room C10 or her mailbox by April 8th

**1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent**

**Responsibility and Maturity** 1 2 3 4 5

**Attendance and Punctuality** 1 2 3 4 5

**Attitude and Cooperation** 1 2 3 4 5

**Class Conduct** 1 2 3 4 5

Overall Average for class (please note any academic concerns below) A B C D F

Total Absences thus far (if homeroom teacher):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this student been written up? Y OR N If yes, how many times? \_\_\_\_\_\_\_

Has this student been in ALC? Y OR N If yes, how many times? \_\_\_\_\_\_\_

Please add any additional comments you would like to share. You can use the back if needed.

TEACHER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_/\_\_\_\_/\_\_\_\_\_