

**STEVESTON – LONDON SECONDARY
SCHOLARSHIP APPLICATION
TEACHER EVALUATION FORM**

*****Confidential*****

Completed by Student:

Student Name: _____ Pupil Number: _____

Completed by Teacher:

Teacher Name: _____

1. This student is deserving of some type of scholarship: (Circle one)

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. Please rate this student in comparison with others you have taught:

	Below Average (0)	Average (1)	Top 20% (2)	Top 10% (3)	Top 5% (4)
Passion and Interest					
Work Habits					
Attitude					
Willingness to Help Others					
Reliability / Dependability					

3. Please make any additional comments regarding this student. (Use reverse side of sheet if more room is required.)

PLEASE RETURN THIS FORM TO STEPHANIE ZEE BY THURSDAY, APRIL 19, 2018.

DO NOT GIVE THIS FORM BACK TO THE STUDENT.