

WRHS Marching Band Leadership
Teacher Evaluation Sheet

Please fill out the following information to best of your knowledge. All ratings and comments will be kept confidential.

Return this form to the student in a sealed envelope, via the pony to Mr. Howell, or by e-mail at thowell@hcbe.net

Student Name _____

School _____ Homeroom Teacher _____

*All Ratings are based on a scale of 1 to 10, 1 being POOR and 10 being SUPERIOR.

	POOR				AVERAGE				SUPERIOR	
A. Work Habits	1	2	3	4	5	6	7	8	9	10
B. Attitude towards fellow students	1	2	3	4	5	6	7	8	9	10
C. Responsibility	1	2	3	4	5	6	7	8	9	10
D. Promptness	1	2	3	4	5	6	7	8	9	10
E. Reaction to Criticism	1	2	3	4	5	6	7	8	9	10

If you are a teacher, is this student currently passing your class? YES NO

Please write any additional comments here: _____

Teacher's name _____

Subject Taught _____ School _____

Non-Teacher's Name _____

Non-Teacher's Phone # _____

How do you know student _____