

Newark Rotary Scholarship Program

CURRENT TEACHER EVALUATION

Deadline:

March 31, 2025

* Indicates required question

1. Student Name: *

2. School Name: *

3. Name of Evaluator: *

4. How long have you known this student and in what capacity? *

5. Rate the student from 1 to 5: *

Mark only one oval per row.

	1- Limited	2-Fair	3- Average	4-Very Good	5- Outstanding
Academic Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fulfillment of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Provide us with anything else you feel we should know about this student. *

Please use an attached document to support your comments and if you recommend the student for a scholarship. Do not show this evaluation to anyone, including the student.

Document may be emailed to: fktmom2@gmail.com

Files submitted:

7. May we contact you about this student? *

If yes, please provide phone number or email address.

Mark only one oval.

Yes

No

8. Teacher phone number or email address:

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