



Leadership Academy Applicant Teacher Evaluation Form

Student Name _____

Grade (2021-2022 School year) _____

Dear Teacher:

Please carefully evaluate the above named student and rate him/her in the following categories on a scale of **1 (strongly disagree) to 5 (strongly agree)**. We will use your evaluation to determine whether this student qualifies for the Leadership Academy.

	Disagree					Agree
Student Involvement Survey						
1. The student displays appropriate behavior in most situations.	1	2	3	4	5	
2. This student strives for academic success/high academic achievement.	1	2	3	4	5	
3. This student makes good use of the agenda/planner on a daily basis.	1	2	3	4	5	
4. This student displays a positive attitude toward learning.	1	2	3	4	5	
5. This student exhibits a good rapport with peers and adults.	1	2	3	4	5	
6. This student comes to class prepared routinely.	1	2	3	4	5	
7. This student completes and submits assignments in a timely manner.	1	2	3	4	5	
8. This student can be counted upon to fulfill his/her responsibilities.	1	2	3	4	5	
9. This student attends school regularly with few absences and/or tardies.	1	2	3	4	5	
10. This student displays the capacity to complete tasks without reminders.	1	2	3	4	5	

Overall, I recommend this student for the Leadership Academy: (please check appropriate column)

	<i>With enthusiasm</i>	<i>Strongly</i>	<i>Mildly</i>	<i>With reservation</i>	<i>Not at all</i>
<i>Academic Potential</i>					
<i>Personal Potential</i>					
<i>Overall Recommendation</i>					

Please use this space to provide any additional information that may be pertinent to this selection process.

Please e-mail this form to SeminoleMSLeadership@pcsb.org or return it to Seminole Middle School (Attn: Nicole Szydowski) within 7 days of date received. Thank you in advance for your cooperation in this matter.

Teacher Name (Print)

Teacher Name (Signature)

School/Subject

Grade