

FACULTY EVALUATION FORM
2020-2021 NHS CANDIDATE

CANDIDATE NAME: _____ **CLASSIFICATION:** _____ **CURRENT GRADE:** _____
TEACHER NAME: _____ **CLASS:** _____

Rank each category from 1-4, one being the lowest and four being the highest rating. **PLEASE DO NOT FORGET TO MAKE COMMENTS ON ANY "1" OR "2" RATINGS.**

CRITERIA	RANK (1-4)	COMMENTS
Service		
Character		
Leadership		
<u>TOTAL SCORE</u>	(3-12)	<u>OVERALL ASSESSMENT OF STUDENT</u>

PLEASE SIGN AND RETURN THIS FORM TO MR. KEICH (JEFF:102) BY Wednesday 10/14/20 BEFORE 4:00 PM. IF YOU CHOOSE TO EMAIL THE COMPLETED FORM TO kdkeich@episd.org, RECEIPT FROM YOUR EPISD EMAIL ACCOUNT WILL SUFFICE FOR YOUR SIGNATURE. THANK YOU FOR YOUR INPUT, TIME, AND CONTINUED DEDICATION TO NHS AND OUR STUDENTS.

I certify that the student indicated on this form is currently in my class.

TEACHER SIGNATURE _____ **DATE** _____
 (Type in if emailing)