Yale Young African Scholars Program

SUMMER 2014 STUDENT EVALUATION FORM TO BE COMPLETED BY TEACHER

Applicant Full name:	Birth Date:
Gender:	
City/Region/Coutry of Residence:	
High School Name:	GRADE LEVEL:

The purpose of this form is to help us understand the student better. Your comments will guide us in assessing his/her strengths and weaknesses. Kindly give as much detail as possible within the limit of the allotted spaces. This form must be completed by the teacher and submitted to african.scholars@yale.edu by **May 9, 2014.**

How long have you known this student?

In what capacity do you know this student?

Please rate the student on the following:

	Poor	Average							Exc	Excellent	
	1	2	3	4	5	6	7	8	9	10	
Leadership											
Punctuality/Attendance											
Creativity											
Academic achievement											
Maturity											
Concern for others											
Motivation											
Self-confidence											
English language ability											

BIRTH DATE:

Please give an example of a time which this student exemplified leadership:

Please comment on any contribution this student has made to the school community (extracurricular involvment, academic achievement, etc.)

Are you aware of any disciplinary actions for violations taken against this student? Kindly explain if any.

Please use this space to provide any additional comments about the student

Teacher's signature
Teacher's name
Subject