



John C. Kimball High School's Medical & Health Services Academy



Student Evaluation

Student Name: _____

Teacher Name: _____ Subject: MATH

Directions: Please mark the box that best matches your assessment of this student in each area. While comments are not required, they can prove enormously helpful in a very competitive process. Your individual marks and comments are NEVER shown to the student or parents, to maintain confidentiality.

Please be sure to put in a sealed envelope for student to include in their application.

	Below Average	Average	Above Average	Excellent
Academic Potential				
Academic Achievement				
Motivation to Learn				
Interest in Math				
Character (Integrity, respect, etc.)				

Additional Comments:

Teacher Signature: _____ Date: _____

Contact Email: _____