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.

*EMAILS WILL NOT BE ACCEPTED

	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: _____