

**CRAWFORD COUNTY CAREER AND TECHNICAL CENTER
STUDENT APPLICATION – TEACHER EVALUATION**

NAME OF STUDENT: _____ PROGRAM CHOICES: 1. _____
 SCHOOL: _____ 2. _____
 GRADE _____ 3. _____

The above named student has applied for enrollment at Crawford Tech. Please evaluate this individual on the qualities listed by circling the number (5=most, 0=least).

* Return this form to the Guidance Office by: _____

Cooperation/Attitude	5	4	3	2	1	0
Ability to comprehend/process information	5	4	3	2	1	0
Interest/Initiative/Responsibility	5	4	3	2	1	0
Quality of work completion	5	4	3	2	1	0
Overall level of independence	5	4	3	2	1	0

TEACHERS SIGNATURE: _____

SUBJECT TAUGHT: _____

COMMENTS: _____