

STUDENT EVALUATION

Crestwood High School
10919 N. Main St.
Mantua, OH 44255
Phone: 330-274-2214
Guidance Fax: 330-274-0072

Date _____

Recommending Teacher _____
 (Please Print Name)

Student _____
 (Last Name) (First Name) (Middle)

1. How would you rate this student as to academic ability and motivation?

	Below Average	Average	Above Average	Excellent	Truly Outstanding
Ability					
Motivation					
Creative Qualities					
Growth Potential					
Self-discipline					

2. How well does this student express himself/herself in:

	Below Average	Average	Above Average	Excellent	Truly Outstanding
Writing					
Speech					

3. Character & Personality

	No Basis For Judgment	Below Average	Average	Good	Excellent	Truly Outstanding
Leadership						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Energy						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Respect Accorded by Faculty						

Student needs to complete the first three lines including date and give to recommending person to complete.
 Upon completion, recommendation person should place in/mail to counselor's in-box in the Guidance Office.