



TEACHER EVALUATION (RATING FORM)

MARC U★STAR PROGRAM

Grambling State University

P.O. Box 569

Grambling, Louisiana 71245

We are in the process of processing this rating form electronically. However, if you encounter difficulty please follow the instructions to submit manually.

I. STUDENT INFORMATION

Complete the information below

"

*****UwfgpvP co g<"
.....Nctuv.....Hktuv.....Okf rg

"

*****Cff tgu<
.....Elm{.....Ucvg".....\ k "
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II. TEACHER EVALUATION

*****The O CTE program is highly competitive and equips graduates who are seriously planning on pursuing graduate work. The generous financial support which provides an opportunity to participate in research projects is a great opportunity to participate in research projects.

Your candid evaluation would be very helpful in choosing from highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualification for this prestigious scholarship. Please provide a rating for the applicant's academic and personal qualification for this prestigious scholarship.

We are grateful for your assistance.

1. *I have known the applicant for a period of _____ in the capacity of _____
2. *The applicant ranks academically with other students taught in recent years as follows:
____ Top 5% ____ Top 10% ____ Top 25% ____ Average ____ Below Average
3. *Major strengths of this student as a prospective participant in the MARC U STAR program are:
4. *Major weaknesses of this student as a prospective participant in the MARC U STAR program are:
5. *The applicant in relation to perceived ability to successively pursue graduate or professional health program (Ph.D. or M.D.) is rated as follows:
____ Excellent ____ Average ____ No Observation ____ Poor
____ Very Good ____ Below Average ____ Good

6. *Please rank the applicant on the following traits, in comparison with other students you have taught.

| TRAIT | ""One of the lgy "encountered in my """"""career | 'Excellent | 'Very "Good | 'Good | Average | 'Below Average | ""No support ""to observe |
|-----------------------------------|--|------------|----------------|-------|---------|-------------------|------------------------------------|
| 1. Intellectual Ability | | | | | | | |
| 2. Creative, original thought | | | | | | | |
| 3. Academic Achievement | | | | | | | |
| 4. Independence, initiative | | | | | | | |
| 5. Ability to communicate with | | | | | | | |
| 6. Emotional stability | | | | | | | |
| 7. Attendance | | | | | | | |
| 8. Effective class discussion | | | | | | | |
| 9. Disciplined work habits | | | | | | | |
| 10. Comprehension | | | | | | | |
| 11. Accuracy/attention to details | | | | | | | |
| 12. Sense of Responsibility | | | | | | | |
| 13. Cooperative Attitude | | | | | | | |
| 14. Self confidence | | | | | | | |
| 15. Potential for growth | | | | | | | |

7. *The applicant is recommended:

___ Enthusiastically
___ With Confidence
___ Recommended

___ Recommended with reservation
___ Not recommended
___ No basis for recommendation

Comment:

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8. *Name: _____ Title: _____

Department: _____ University: _____

Address: _____

City State Zip

Telephone: _____ Fax: _____

Email: _____

*Name/Signature: _____ E-Sign Date: _____

* Required

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