

Nathan Hale Teacher Rating Sheet

Name: _____

Teacher: _____

(Teacher name must be completed or the information will be useless)

Please return to Counseling Office attention: _____

ACADEMIC RATINGS

Below Average	Average	Good	Very Good	Excellent	One of the top few in my career	No basis for judgement
						Potential
						Motivation
						Responsibility
						Originality
						Class Participation
						Written Expression

CHARACTER AND PERSONALITY RATINGS

Below Average	Average	Good	Very Good	Excellent	One of the top few in my career	No basis for judgement
						Leadership
						Self-confident
						Warmth of Personality
						Sense of Humor
						Concern for Others
						Energy/Initiative
						Maturity
						Acceptance of Criticism
						Respect Accorded to Faculty
						Respect Accorded to Students

ADJECTIVES YOU WOULD USE TO DESCRIBE THIS STUDENT _____