**Student Evaluation Form PDF**

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**Student Information:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class/Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Criteria:**

* **Academic Performance:**

**Subject**

* + **Excellent Good Satisfactory Needs Improvement**
* **Attendance:**
  + Number of Days Present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Number of Days Absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Class Participation:**

**Actively engages in class discussions and activities:**

* + Yes No

**Contributes positively to group work:**

* + Yes No

**Asks questions and seeks clarification when needed:**

* + Yes No
* **Behavior and Conduct:**

**Respects peers and authority:**

* + Yes No

**Follows classroom rules and regulations:**

* + Yes No

**Demonstrates appropriate behavior during class:**

* + Yes No

**Additional Comments:**

**Teacher's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_