

Student Evaluation Form PDF

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:** _____