



Student Evaluation Form

Student Name: _____ Date: _____

Teacher/Guidance Counselor Name: _____

The student named above has applied for a scholarship from the Paulding County Hospital Foundation. This is a healthcare field related scholarship. Please rate the following characteristics for the student listed above:

1 = strongly disagree 2 = disagree 3= agree 4= strongly agree 5=very strongly agree

This student shows honesty and integrity in and outside the classroom	1	2	3	4	5
This student uses his/her knowledge to help others in and outside the classroom	1	2	3	4	5
This student participates in the classroom in a positive way	1	2	3	4	5
This student encourages others to reach their potential in and outside the classroom	1	2	3	4	5
This student shows focus on what he/she is doing in and outside the classroom	1	2	3	4	5
This student shows compassion to others in and outside the classroom	1	2	3	4	5
This student's work is neat and legible	1	2	3	4	5
This student demonstrates organizational skills	1	2	3	4	5
This student shows respect for his/her teachers and other staff members of the school	1	2	3	4	5
This student shows respect for his/her peers	1	2	3	4	5

Please describe any other characteristics that set this student apart from others: _____

Why do you think this student will succeed in a healthcare career? _____

Thank you for taking the time to evaluate this student. We appreciate your cooperation.
Paulding County Hospital Foundation Scholarship Committee