

Student Evaluation

Student Name: _____

Date: _____

(The following areas are rated on a scale of 1-5 from the lowest 1 being the poorest)

General program	1	2	3	4	5
TEACHING					
Consistency of practice	1	2	3	4	5
Quality of practice	1	2	3	4	5
Comments:					
SKILLS					
Technique	1	2	3	4	5
Style	1	2	3	4	5
Fluency	1	2	3	4	5
Learning the Training	1	2	3	4	5
Right-Branding	1	2	3	4	5
Vocabulary/Understanding of Terms and Symbols	1	2	3	4	5
Other:	1	2	3	4	5
Other:	1	2	3	4	5
CHARACTER					
Attendance – coming on-time to sessions/lessons	1	2	3	4	5
Responsibility – consistently completing assignments	1	2	3	4	5
Conduct/Behavior – creating positive classroom atmosphere	1	2	3	4	5
Effort/Commitment – being an enthusiastic member of the program/team/etc	1	2	3	4	5
Comments:					

Recommendations/Feedback for Trainers/Staff: