

Classroom Performance Evaluation

Student Name

Student ID

Date

 YYYY-MM-DD

Class

Evaluator Name

Performance Criteria

Criteria	Excellent	Good	Average	Needs Improvement	Comments
Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

General Comments

Recommendations

Evaluator Signature

Date

 YYYY-MM-DD

