

Student: _____
 Sports Team: _____

Month: _____

MONTHLY Athlete Evaluation

To be completed each month of the sport season by all current teachers.
 Anything below satisfactory is grounds for suspension of extracurricular sport/team activities.

Course:		Teacher:		
Criteria	Please Circle One			
Attendance	Excellent	Satisfactory	Needs Improvement	Poor
Behaviour	Excellent	Satisfactory	Needs Improvement	Poor
Homework/Assignment Completion	Excellent	Satisfactory	Needs Improvement	Poor
Overall grade	Excellent	Satisfactory	Needs Improvement	Poor
Would you recommend that this student continue his/her participation in extracurricular activities for the next month?			Yes	No
Comments:				
Teacher signature:				

Course:		Teacher:		
Criteria	Please Circle One			
Attendance	Excellent	Satisfactory	Needs Improvement	Poor
Behaviour	Excellent	Satisfactory	Needs Improvement	Poor
Homework/Assignment Completion	Excellent	Satisfactory	Needs Improvement	Poor
Overall grade	Excellent	Satisfactory	Needs Improvement	Poor
Would you recommend that this student continue his/her participation in extracurricular activities for the next month?			Yes	No
Comments:				
Teacher signature:				

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Month: _____

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Homework/Assignment Completion	Excellent	Satisfactory	Needs Improvement	Poor
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Would you recommend that this student continue his/her participation in extracurricular activities for the next month?			Yes	No
Comments:				
Teacher signature:				

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