

Letter #1

Name of Instructor

Student Number AND Social
Security Number

Black Belt Teacher Corps Scholarship Application

NOTE TO THE STUDENT: Please read and check one of the blanks below. Be sure to sign and date the statement before taking the form to a professor/ instructor.

_____ I hereby *wave my right* to review this evaluation form.

_____ I *do not wave my right* to review this evaluation form.

Printed Name

Signature of Student

Date

	Good	Fair	Poor	Don't Know
Attitude toward teaching	_____	_____	_____	_____
Attitude toward school work	_____	_____	_____	_____
Creativity and Resourcefulness	_____	_____	_____	_____
Multicultural Understanding	_____	_____	_____	_____
Professional Appearance	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____
Dependability/Reliability	_____	_____	_____	_____
Effective use of oral English	_____	_____	_____	_____
Effective use of written English	_____	_____	_____	_____
Tact/Judgment	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____

Comments:

Professor Signature: _____

Date: _____

Return form to:

University of West Alabama
College of Education
Attn: Susan Hester
Black Belt Teacher Corps Coordinator
Station 8
Livingston, AL 35470

Letter #2

Name of Instructor

Student Number AND Social
Security Number

Black Belt Teacher Corps Scholarship Application

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_____ I *do not wave my right* to review this evaluation form

Printed Name

Signature of Student

Date

Good Fair Poor Don't Know

Attitude toward teaching	_____	_____	_____	_____
Attitude toward school work	_____	_____	_____	_____
Creativity and Resourcefulness	_____	_____	_____	_____
Multicultural Understanding	_____	_____	_____	_____
Professional Appearance	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____
Dependability/Reliability	_____	_____	_____	_____
Effective use of oral English	_____	_____	_____	_____
Effective use of written English	_____	_____	_____	_____
Tact/Judgment	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____

Comments:

Professor Signature: _____

Date: _____

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