



SUPPORTING

dreams



VICTORIA SCHOOL FOUNDATION FOR THE ARTS

TEACHER
EVALUATION
of Student for
Award/Scholarship Application

NOTE TO STUDENT: Print your name and area of study in this section before submitting this form to your teacher.

Name of Student: _____

Area of Study: _____

To be submitted by the performing or visual arts teacher directly to the General Office of Victoria School of the Arts by April 30, no later than 4:00 p.m.: Attention: Victoria School Foundation for the Arts,

VICTORIA SCHOOL TEACHER EVALUATION

Name of Teacher: _____

Area of Study: _____

Name of Student: _____

I have known this student for _____ years and in comparison with other individuals I have known at a similar stage of development, I rate this student as follows:

	Below Average	Average	Good (Above average)	Excellent (Top 10%)
Artistic Ability				
Contribution to the Arts				
Ability to Succeed				
Commitment				
Appropriateness of Secondary Education				
Overall				

Declaration of Teacher

To the best of my knowledge, the information provided in this evaluation is true and accurate.

Date

Teacher Signature