**This form is to be used only by the evaluation committee vs. the nominating teacher.**

*The James M. Stevens Memorial Scholarship*

Evaluator’s Score Sheet

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the nomination information and/or your personal knowledge of the student, please rate the following on a scale of 1 to 5 with 5 being the highest score or likelihood of success.

**High School Achievements Rating**

* Quality of Work: Completeness, Correctness and Timeliness 1 2 3 4 5
* Attitude toward learning: Attendance and Class Participation 1 2 3 4 5

* Success in activities outside the classroom: (examples) 1 2 3 4 5

 Community and social involvement

After school activities

 Hobbies or other interests

* Ability to overcome problems: 1 2 3 4 5 Success compared to others with similar disabilities
* Scholastic Successes (GPA, SOL, Awards, etc.) 1 2 3 4 5

**Likelihood to Succeed in a Post-Secondary School Environment**

* Ability to succeed in a less restrictive setting 1 2 3 4 5

Proven success in any inclusion classes in high school

Ability to work with little or no supervision Ability to follow direction

* Communications ability 1 2 3 4 5

Oral and Written

* Perseverance 1 2 3 4 5
* Level of family support 1 2 3 4 5

**Potential Impact of the Award on Student’s Future**

* Improved job opportunities 1 2 3 4 5

Earning power and job progression

* Opportunities for continued personal growth 1 2 3 4 5

 Improved prospects for independent living

 Improved sense of self-worth, job

* Easing student/family financial burdens 1 2 3 4 5

 Students Total Score: \_\_\_\_\_\_\_