

Mount Doug Challenge Program – Student Evaluation Form

Student Surname: _____

Student First Name: _____

Current School: _____

Teacher Name: _____

Your comments are highly valued and critical to the selection process of students for the district Challenge Program. They provide us with the necessary information required by the Ministry of Education for an effective assessment of the application.

Please rate the applicant on a scale of 1 to 5 for each of the following, using these guidelines:

1 Significant Weakness

2 Typical for grade level

3 Top 10% in my career

4 Top 5% in my career

5 One of the top students ever in my career

A. LEARNING STRENGTHS

	1	2	3	4	5
1) Recall of Factual Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Insightfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Higher Level Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Oral, Written or Reading Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Numerical Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Achievement through brilliance of mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Achievement through hard work / dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL – EMOTIONAL STRENGTHS

	1	2	3	4	5
1) Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. MOTIVATIONAL CHARACTERISTICS

	1	2	3	4	5
1) Becomes absorbed and truly involved in certain topics or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Needs little external motivation to follow through in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Strives toward perfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. CREATIVE THINKING

	1	2	3	4	5
1) Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Expressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Problem solving ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. PLEASE INCLUDE ANY COMMENTS YOU FEEL WOULD HELP THE SELECTION COMMITTEE DETERMINE THE SUITABILITY OF THE APPLICANT INCLUDING ANY APPTITUDE TEST RESULTS WRITTEN IN THE LAST 2 YEARS THAT YOU ARE AWARE OF.

F. RECOMMENDATION

NO WITH RESERVATIONS FULLY HIGHEST / EXCEPTIONALLY GIFTED

DATE

TEACHER SIGNATURE

PLEASE FAX (250-477-0277) TO MOUNT DOUGLAS SCHOOL BY THURSDAY, FEBRUARY 1, 2024

ANY QUESTIONS OR CONCERNS, PLEASE CONTACT TED MELDRUM AT 250-477-6977 OR tmeldrum@sd61.bc.ca