## **Mount Doug Challenge Program – Student Evaluation Form**

Student Surname: Student F			st 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. 1) 2) 3) 4) 5) 6) 7) 8)	LEARNING STRENGTHS  Recall of Factual Information Insightfulness Higher Level Thinking Skills Curiosity Oral, Written or Reading Vocabulary Numerical Problem-Solving Skills Achievement through brilliance of mind Achievement through hard work / dedication	1	<b>2</b>	3	4	<b>5</b>	
<b>B.</b> 1) 2) 3) 4) 5)	SOCIAL – EMOTIONAL STRENGTHS  Maturity Self-confidence Sociability Leadership Reliability	1	<b>2</b>	3	4	<b>5</b>	
<b>C.</b> 1) 2) 3) 4) 5) 6)	MOTIVATIONAL CHARACTERISTICS  Becomes absorbed and truly involved in certain topics or problems  Needs little external motivation to follow through in work  Persistence  Strives toward perfection  Assertiveness  Independence	1	<b>2</b>	3	4	<b>5</b>	
<b>D.</b> 1) 2) 3) 4)	CREATIVE THINKING Curiosity Expressiveness Imagination Problem solving ability.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
E.	PLEASE INCLUDE ANY COMMENTS YOU FEEL WOULD HELP THE SE DETERMINE THE SUITABILITY OF THE APPLICANT INCLUDING ANY WRITTEN IN THE LAST 2 YEARS THAT YOU ARE AWARE OF.	_			LTS		
F.	RECOMMENDATION IO   WITH RESERVATIONS   FULLY   HIC	SHES	ST / EXCEF	PTIONA	LLY GIF	ΓED	
DATE  TEACHER SIGNATURE  PLEASE FAX (250-477-0277) TO MOUNT DOUGLAS SCHOOL OR FMAIL TO time						161 bo oo	

BY Friday, January 16, 2026. ANY QUESTIONS OR CONCERNS, PLEASE CONTACT