

## Evaluation Sheet to be filled by a Student for "Nation Buider Award" (Outstanding Teacher Award)

Form	No.	NB	1.2
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LITER	ACY MISSION															
Inner Wheel Club of : IW District: Date :																
Name of the person filling this form :							*Please give marks from 1 (lowest) to 10 (highest) for each attribute. 									
													Addr	ess:		
SI. No.	Attributes of Teacher	Name of Teacher 1	Name of Teacher 2	Name of Teacher 3	Name of Teacher 4	Name of Teacher 5	Name of Teacher 6	Name of Teacher 7	Name of Teacher 8	Name of Teacher 9	Name of Teacher 10	Name of Teacher 11	Name of Teacher 12	Name of Teacher 13	Name of Teacher 14	Name of Teacher 15
1.	Does the teacher's teaching help you understand the subject?															
2.	Does s/he answer your questions in class?															
3.	Do you find his/her teaching method interesting?															
4.	ls s/he available after school hours to help you with your study?															
5.	Does s/he come to class on time?															
6.	Is his/her behavour proper with you?															
7.	Does s/he encourage you to participate in extra-curricular activities?															
	<b>TOTAL</b> (To be carried over to Form No. NB 3.2)															