



**Student Evaluation Form
SAC Scholarship Application**

Academic Reference

Student name: _____

- 1- Unsatisfactory
- 2- Poor
- 3- Below average
- 4- Satisfactory (expectation from typical graduate student)
- 5- Good
- 6- Very Good
- 7- Excellent

Please select only ONE rating score for each skill.

	1	2	3	4	5	6	7	N/A
1. Academic achievement								
2. Analytical and critical thinking skills								
3. Ability to seek out resources and knowledge								
4. Work ethic								
5. Research potential								
6. Participation in classroom activities								
7. Participation in student committees								
8. Ability to work in groups								
9. Ability to work independently								
10. Respect for deadlines of essays/projects								
11. Verbal skills								
12. Written skills								

Period of time and capacity in which faculty member has known student:

Printed name: _____

Faculty Member

Faculty position, University: _____

Signature: _____

Faculty Member

Date: _____

PLEASE NOTE: Individuals providing a reference need only complete the evaluation form. Letters and comments will not be considered when grading references. Academic and clinical forms must be emailed directly from the reference to membership@sac-oac.ca.
