

SANTA BARBARA HIGH SCHOOL DISTRICT

Independent Study Program

End of Term Instructor's Evaluation

To: Independent Study Instructor

Please complete this form and return it by mail or in a sealed envelope to the school to the attention of the I.S.P.E. Coordinator. Thank you.

Please note: It is the student's responsibility to submit this form to the instructor so that it can be returned to the I.S.P.E. Coordinator **NO LATER THAN :**

10/22/13 1st Qtr _____ 1/14/14 2nd Qtr (end of 1st Sem) _____

3/18/14 3rd Qtr _____ 5/27/14 4th Qtr (end of 2nd Sem)_____

Student's Name: _____

Course: _____

Instructor's Name: _____

EVALUATION CATEGORY	POOR "F"	FAIR "D"	GOOD "C"	VERY GOOD "B"	EXCELLENT "A"
Attendance (present for class as required)					
Timeliness (arrives on time)					
Preparation (ready to complete task)					
Ability to follow instruction					
Level of Achievement					

Comments:
