

**CAÑON CITY HIGH SCHOOL
STUDENT EVALUATION SLIP**

This information is submitted in confidentiality between Teacher, Counselor and/or Administrator. It is not to be copied and handed to parent or other agency personnel.

1. Evaluation of _____ **Grade** _____
2. Evaluation needed for _____ **by** _____
(name of class) (name of teacher)
3. Student's present academic grade _____ % _____
4. Student's work accomplishment in your class: (Please give statement as to present condition.)
5. Student's attitude and citizenship in your class:
6. Any additional remarks about the student not covered above:

7. Please return to Compton Schott McPherson Trahern
 Betts Hillegas Knifong Ritter Javernick

by. _____ As necessary for evaluation/conference on _____

ATTENDANCE: Total Absences: _____ **Total Tardies:** _____

Teacher Signature _____