



# STATESVILLE CHRISTIAN SCHOOL

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Student Name: \_\_\_\_\_

Winterim Course: \_\_\_\_\_

Statesville Christian School thanks you for your time with each student. Please fill out the survey below and return to Mrs. McKay as soon as possible. 1 is the lowest, 10 the highest.

1. Was your student on time? 1 2 3 4 5 6 7 8 9 10
2. Was your student engaged in class discussions? 1 2 3 4 5 6 7 8 9 10
3. Was your student engaged in asking questions? 1 2 3 4 5 6 7 8 9 10
4. Was your student eager to perform all tasks assigned? 1 2 3 4 5 6 7 8 9 10
5. Was your student interested in learning? 1 2 3 4 5 6 7 8 9 10
6. Was your student respectful to you and other students? 1 2 3 4 5 6 7 8 9 10
7. Did your student meet your expectations? 1 2 3 4 5 6 7 8 9 10

Please enter 3 other factors or elements you feel were specific to your class, that would factor into the students grade.

8. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10
9. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10
10. \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10

Additional Comments about students performance: \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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