Rotary India Literacy Mission

Form No. NB 1.2

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

Rotary/Inner Wheel/Rotaract Club of : _____ RI/IW/Rtr. Dist. : _____ Date : _____

Name of the person filling this form : _____

Name of the School : _____

Address : _____

To be filled by Student of the School

Please give marks from 1(lowest) to 10 (highest) for each attribute

Sl. 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	Is 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 behavior proper with you?															
7.	Does s/he encourage you to participate in extra-curricular activities?															
TOTAL (To be carried over to Form No. NB3.2)																