

## **Confidential Teacher Evaluation Form**

The following student is interested in applying for the Focused Ultrasound Lab High School Student Internship at Sunnybrook Hospital. We are looking for hardworking, independent and passionate STEM students to join our lab for the 8-week paid program.

| Student's Full Name:  |   |              |
|---|---|--------------|
| Criterion   |   | <u>Score</u> |
| Academic: How does the student's achievement rank among his/her/their peers?  |   |              |
| Top 5%         Top 10%         Top 15%         Top 20%         Top 25%  |   |              |
| <b>Cooperation</b> : Does the student work well in a team environm others?  |   | /10          |
| Independence: Does the student work well without supervise  | ion and know to seek help when needed?          | /10          |
| Enthusiasm: Does the student work efficiently and demonstrate a strong interest in the task at hand?  |   | /10          |
| Creativity: Does the student think "outside the box"?   |   | /10          |
| <b>Responsibility</b> : Does the student perform their assigned dution  | es? Are they punctual for all class activities? | /10          |
| Total Score:  |   | /50          |
| Further Comments (you may attach a <b>1-page reference letter</b> describing how this student would be successful in a research environment, or indicate below): Please <b>indicate one skill or area for improvement</b> this student would be encouraged to work on. We |   |              |
| understand all teachers believe their student is highly qualified but we would appreciate an honest answer to<br>help us place the student with the appropriate supervisor.   |   |              |
| Teacher's Full Name:  | School:<br>Teacher's Email Address:             |              |
| Teacher's Signature (Electronic is acceptable):   | Date:   |              |

