

Student Name _____ Grade _____

YES- I DO THIS ON A REGULAR BASIS NO-I DON'T ACTUALLY DO THIS OFTEN N/A- NOT ENOUGH INFO TO RATE

***Y= GREEN HIGHLIGHTER N= RED HIGHLIGHTER N/A = X AVG = TEACHER USE ONLY**

*TEACHERS: WRITE YOUR NAME ON THE APPROPRIATE CLASS PERIOD; PLEASE RATE FOR EACH CLASS PERIOD YOU HAVE THIS STUDENT

*ALT ED/SPECIAL ED: USE TO YOUR DISCRETION

Employability Skill (see definitions)	Student	1st Hour	2nd Hour	3rd Hour	4th Hour	5th Hour	6th Hour	7th Hour	AVG.
Respect	Y N	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	
Self-Management	Y N	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	
Academic Responsibility	Y N	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	Y N N/A	

Definitions:

Respect: Are you polite? Do you follow the directions the first time you are asked? Are you kind to students and staff? Do you accept positions of authority? Do you show the same respect to substitutes that you do to your teachers?

Self-Management: Do you have control over your body and your emotions? Do you deal with negative emotions (anger, guilt, disappointment, anxiety, sadness) in a healthy way? Do you have good personal hygiene? Do you have strategies in place to deal with negative emotions and academic struggles?

Academic Responsibility: Do you take responsibility for your learning? Do you put in good effort and a positive attitude? Do you keep track of your own grades and assignments? Do you ask for help? Do you understand why learning is important?