Mukwonago High School

MUKWONAGO AREA SCHOOL DISTRICT

Name of Applicant: _____

Dear Teacher:

In order to make sound decisions in the selection process for membership in the National Honor Society, the Faculty Advisory Council would appreciate your candid assessment of this student. Please fill out the following chart. If you do not feel comfortable rating the student in a particular category, please leave that row blank. ***Your response should be as objective as possible.*** Please return this form to Mr. Bice's mail box by **Friday, October 20**.

	Below Average	Average	Good (Above average)	Very Good (well above average)	Excellent (top 10%)	One of the top encountered
Moral and Ethical						
Cooperative						
Honest and Reliable						
Courteous						
Concern for others						
Respect for others						
Appropriate conduct						
Receptive to criticism						
Honesty and integrity						
Potential for growth						
Enthusiasm						

In the space below or on a separate sheet of paper, please include any other information about this student that you think may be helpful to the Faculty Advisory Council during the selection process.

Name: _____ Signature:_____