

Career & Technical Education Program Visitation Evaluation

STUDENT INFORMATION

STUDENT NAME: DATE:

CTE CLASS VISIT: DATES OF VISITS:

CTE SESSION: AM PM CURRENT PRE CTE TEACHER (IF APPLICABLE):

CENTER LOCATION: F. Donald Myers Education Center Saratoga Springs, New York Southern Adirondack Education Center Hudson Falls, New York

ATTENDANCE

PLEASE INDICATE (P) - PRESENT OR (A) ABSENT

MONDAY: TUESDAY: WEDNESDAY: THURSDAY: FRIDAY:

PERFORMANCE CRITERIA

SCALE 1-5 (1 BEING THE LOWEST EVALUATION - 5 BEING THE HIGHEST EVALUATION)

	1	2	3	4	5
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL INTERACTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION/EFFORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

RECOMMENDATIONS

WOULD YOU RECOMMEND THIS STUDENT FOR ENROLLMENT TO YOUR PROGRAM? YES NO

PLEASE INDICATE YOUR REASON(S) BELOW: