

B**STUDENT EVALUATION FORM**

This form must be completed by a faculty member of the student's high school. All the information will be kept confidential and saved in our records for 5 years following the completion of the student's program.

Teacher's Full Name :

For how many years have you known the student? _____ years

In what capacity?

Student's Full Name :

Date of Birth : jj / mm / year

School Name and Address :

In a group of 100 students of the same age and level, the student's performance would be considered:

| | Excellent Top 5 | Very Good Top 15 | Good Top 35 | Poor 50 last | Do Not Know the student sufficiently |
|---------------------------------|--------------------|---------------------|----------------|-----------------|--|
| A) General Academic Performance | | | | | |
| B) Speaking in French | | | | | |
| C) Writing in French | | | | | |
| D) Motivation for Studies | | | | | |
| E) Emotional Maturity | | | | | |
| F) Social Skills | | | | | |
| G) Leadership | | | | | |

Has the student ever had...

Yes

No

Do Not Know

A) Absenteeism problems

B) Behavioral problems?

C) Learning difficulties?

D) Any other problems at school?

(Please specify) :

Based on your knowledge of the student, how strongly would you recommend him or her for studies in French in Canada?

I would highly recommend this student.

I would recommend this student without reservations.

I would recommend this student.

I would recommend this student with reservation.

CONTINUED – FORM B

(STUDENT EVALUATION FORM)

Please provide any additional information about the student that could be useful in the selection process below.

First and Last Name :

E-mail :

Signature: _____

Date : jj / mm / year

Thank you for completing this form. It will be kept confidential and the information will be kept in our records for 5 years following the completion of the student's program. False information may result in the rejection of the application or the immediate dismissal of the student from the program. Please return the completed form by email to paul.delariva@nouvelon.ca or by mail to **Paul de le Riva, International Student Program Manager at the Conseil scolaire catholique du Nouvel-Ontario, 201 Jogues St., Sudbury, Ontario P3C 5L7 CANADA.**