

# HIVE Helper Application

HIVE Helper Teacher Evaluation Form

**\*\*Teachers – please complete and return to Mrs. Zitzelberger in the Counseling Office by 12/4/2020**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

This student is applying to be a JVHS HIVE Helper. Please evaluate this person in each of the categories listed below. This information will remain confidential and will be used to assist in the selection of the best applicants for the program.

Rating school: 4 – Excellent 3 – Good 2 – Fair 1 – Poor

- 1) How dependable is this person in meeting responsibilities and following through with tasks?  
**4 3 2 1**
  
- 2) How well does this person seem to listen to and understand others? **4 3 2 1**
  
- 3) How honest is this person? **4 3 2 1**
  
- 4) To what extent does this person show strong, healthy self-esteem and self- confidence?  
**4 3 2 1**
  
- 5) How warm and accepting is this person with those of different interests and attitudes?  
**4 3 2 1**
  
- 6) How much leadership potential does this person demonstrate? **4 3 2 1**
  
- 7) How open and outgoing is this person? **4 3 2 1**
  
- 8) Does this person have an attendance or tardy problem? **4 3 2 1**

Please describe how you feel this person would function as a HIVE Helper:


**\*\*Please return to Mrs. Z in the Counseling office**

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_