

# LEAD Youth Leadership Program

## Individual Performance Evaluation Form

Trainee \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Class/Teacher \_\_\_\_\_

Amount of time spent in class: \_\_\_\_\_ Activity \_\_\_\_\_

Skills	Score (1-10)	Comments
1. <b>Communication Skills</b> (Positive Comments, gives feedback to students)		
2. <b>Teaching Skills</b> (Rationales, praise, consequences, etc.)		
3. <b>Active Leadership</b> (Control, stays with group, skills initiation)		
4. <b>Scripture Memory</b> (Knows Bible verses and helps students to learn them)		
5. <b>Professionalism</b> (Servanthood, dress, social skills, teamwork)		
Attitude	Score (1-10)	Comments
1. <b>Courtesy/Respect</b> (Toward teachers, parents, staff, each other)		
2. <b>Cooperation</b> (Tasks completed cheerfully and promptly)		
3. <b>Tasks Completed</b> (Fully, using four steps of following instructions)		
4. <b>Accepts Criticism</b> (Remains calm, listens & applies, no excuses)		
5. <b>Enthusiasm</b> (Promotes excitement and team spirit)		
	Total	

Specific Task(s) Given:	Score(1-10)		Feedback Given?	Yes	No
_____	_____				
Comments: _____					
_____					
_____					