



Camp Director Evaluation Form – Summer 2018

Madden Scholar Name: _____
Camp/Title/Position: _____

The following section is to be **completed by the Camp Director Only**. The Camp Director needs to submit this completed form to JoLynne Conrad by August 10, 2018.

Camp Director Name:
Title/Position:
Camp Director Signature

How well do you know this scholar?

- Very Well
 Reasonably Well
 Somewhat
 Slightly

Length of time you have known the scholar: _____

Rating: Compared to other camp staff, please rate the student. *(Check one box for each row.)*

	BELOW AVERAGE	AVERAGE (45-65%)	GOOD (65- 85%)	VERY GOOD (85-95%)	EXCELLENT (95-98%)	ONE OF TOP FEW
Dedication/commitment to camp						
Dependability						
Initiative						
Communication/ Cooperation with others						
Judgment/ Problem Solving skills						
Current Leadership						
Potential for Future Leadership/Service						
Overall Recommendation						

Additional comments or information regarding scholar’s job performance (please continue on back as needed):
