

Lisbon Regional School

National Honor Society

25 Highland Avenue

Lisbon, New Hampshire 03585

Leadership Evaluation

Name of NHS Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above student is a candidate for membership in the Lisbon Regional Honor Society. Thank you for assessing this student’s leadership qualities by reviewing the criteria and marking the appropriate number on the evaluation scale. Your evaluation will remain confidential and will only be used by the Faculty Council. This form will be destroyed following the Member Induction Ceremony.

LEADERSHIP

The student who exercises leadership…

1. resourcefully proposes new problems, applies principles and makes suggestions.
2. demonstrates leadership in promoting school activities.
3. exercises influence on peers in upholding school ideals.
4. contributes ideals that improve the civic life in the school.
5. is able to delegate responsibilities.
6. exemplifies positive attitudes.
7. inspires positive behaviors in others.
8. demonstrates academic initiative.
9. successfully holds school offices or positions of responsibility, conducting business efficiently and effectively, and without prodding, demonstrates reliability and dependability.
10. demonstrates leadership in the classroom, at work, and in school or community activities.
11. is thoroughly dependable in any responsibility accepted.

Please circle the appropriate number based upon your rating.

4—The student demonstrates outstanding leadership traits and is highly worthy of membership.

3—The student demonstrates superior leadership traits and is worthy of membership.

2—The student demonstrated average leadership traits and is worthy of membership.

1—The student demonstrates weak leadership traits and perhaps is worthy of membership.

0—The student demonstrates weak leadership traits and is not worthy of membership.

Leadership

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not Worthy | Weak |  | Average |  | Superior |  | Outstanding |
| 0 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 |

Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN IMMEDIATELY TO: Mr. Tracy Locke, NHS Advisor

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