****

**Lisbon Regional School**

**National Honor Society**

25 HIGHLAND AVENUE

LISBON, NEW HAMPSHIRE 03585

CHARACTER EVALUATION

Name of NHS Candidate:

The above student is a candidate for Lisbon Regional National Honor Society membership. Thank you for assessing this student’s character 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.

CHARACTER

The student who demonstrates character…

1. takes criticism willingly and accepts recommendation graciously.
2. consistently exemplifies desirable qualities of behavior (cheerfulness, friendliness, poise, etc).
3. upholds principles of morality and ethics.
4. cooperates by complying with school regulations concerning property, programs, office, halls, etc.
5. demonstrates the highest standards of honesty and reliability.
6. shows courtesy, concern, and respect for others.
7. observes instruction and rules, punctuality and faithfulness both inside and outside of studies.
8. concentrates and sustains attention as shown by perseverance and application of studies.
9. manifests truthfulness in acknowledging obedience to rules, avoiding cheating in written work and showing unwillingness to profit by the mistakes of others.
10. actively helps to rid the school of bad influences or environment.

**Please circle the appropriate number based upon your rating.**

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

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

2—The student demonstrates average character traits and is worthy of membership.

1—The student demonstrates weak character traits but perhaps is worthy of membership.

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

Character

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not Worthy | Weak |  | Average |  | Superior |  | Outstanding |
| 0 | 1 | 1 | 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

 Lisbon Regional School

 25 Highland Avenue

 Lisbon, NH 03585