



Student Scholarship Application Professional Development Assessment

Name: _____

Date: _____

Evaluator Signature (Advisor or Department Chair): _____

Please note that this form must be submitted by the advisor or department chair to the following email address: recognitions@alota.org. This form will not be accepted if received from the student.

Instructions: For each professional behavior, place a check in the appropriate column

| | Excellent | Good | Adequate | Poor | Very poor | Not observed |
|--|-----------|------|----------|------|-----------|--------------|
| 1. Dependability (i.e. on time for class, handing in assignments) | | | | | | |
| 2. Professional Presentation (i.e. positive attitude) | | | | | | |
| 3. Initiative (i.e. energetic, positive and motivated behavior) | | | | | | |
| 4. Empathy (i.e. listens to and considers the ideas and opinions of others) | | | | | | |
| 5. Cooperation (i.e. working effectively with others) | | | | | | |
| 6. Organization (i.e. prioritizes tasks, manages time well) | | | | | | |
| 7. Verbal communication (i.e. verbally interacts appropriately) | | | | | | |
| 8. Respect (maintains confidentiality) | | | | | | |
| 9. Integrity (i.e. honest, trustworthy, loyal) | | | | | | |



Additional Comments: