



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. Due no later than: **August 21, 2022**

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: