

Expert Evaluation

Name of Student: _____

Name of Advising Teacher: _____

Project Snapshot: _____

The rest is to be filled out by an expert on the topic or person you worked with. This person **cannot** be related to you.

Once filled out, please drop of at WRHS care of Personal Project Coordinator, email a copy to sallen@blaineschools.org, or fax 208-578-5120 care of Personal Project Coordinator.

Expert Name: _____

Contact Information in case of questions: _____

Area of Expertise: _____

How long have you been in this field: _____

How you know the student: _____

Overall, how would you rate the student's product/outcome?

- exceptional and of outstanding quality; professional looking/aesthetically pleasing; thorough
- strong and of good quality
- simple/predictable/adequate/average quality
- low quality and/or barely completed

Overall thoughts on student and/or product/outcome: _____

Signature: _____ Date: _____