



Fourth Annual Excellence Award 2017-'18

SELF APPRAISAL FORM

Form No.1



- ❖ To be filled up by the Applicant in his / her own handwriting.
- ❖ Please answer these questions honestly and frankly to the best of your knowledge.

PARENT OF THE YEAR EDUCATOR AWARD

Tick the appropriate box of the Applicant: Mother Father Guardian

Applicant's Name _____ Qualification _____ Age _____

Spouse Name _____ Qualification _____ Age _____

Job Information of the applicant _____ Contact No. _____

Postal Address _____

_____ Email ID : _____

Information of Siblings _____

Information about the child :

Name of the Child : _____ D.O.B. _____

Std. _____ Age _____ Name of a School _____

School Postal Address _____

Any special need of the child? _____

Any Health issue? _____

Sr.	Read and give your opinion on the following questions	
1.	Are you a parent / guardian liked by your child?	
2.	Do you find the difference between education & culture ?	
3.	What is most important - to teach, to train or to assess?	
4.	Have you ever put yourself in your child's role?	
5.	Are you a guide or a helper to your child?	
6.	How much time do you spend with your child in a day?	
7.	Are you aware of your child's weaknesses?	
8.	Do you advise or co-operate with your child?	
9.	At what age have you decided his/her aim or wish?	
10.	What describes you as a special parent?	
11.	What describes your child as genius?	

Note : Attach extra sheets wherever necessary.

