

Fifth Annual Excellence Award 2018-'19

SELF APPRAISAL FORM

Form No.1

**Affix
Parent
photo**

- ❖ 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/Residential 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.

Details of your child where most of your efforts are put in for achieving goal?

Why do you think you deserve this award ?

Note : Attach extra sheets with the label (Name, category, School), wherever necessary please do attache supportive documents and evidences with certification.

Thank you for giving your valuable written opinion about the applicant please sign below

Sign _____ **Seal** _____

Designation _____ **Date** _____