



Governor's Innovative Technology in Education Award

Individual Rating Sheet

Name: _____

School Division: _____

Address: _____

City, State, Zipcode _____

Email: _____ Phone number: _____

Indicator	Curriculum Integration	Research	Communication	Technology Skills	Peer Coaching	Evaluation	Motivation	Teaching/Learning Styles	Total Rating
Rating									

Comments: (optional) _____

Judge: _____