

TEACHER EVALUATION ★ ★ ★ ★ ★



Candidate: Please have each teacher complete this Teacher Evaluation.
Bring this form, the Parent Letter and the Tryout Release Form with you prior to the first practice.
These forms must be completed one per graded class on your schedule.

NAME _____
SCHOOL _____
GRADE _____
I.D. NUMBER _____
TEACHER NAME _____
SUBJECT _____

Please rank the candidate from 1 - 5, 5 being the highest.
Consistently low ratings will make candidate ineligible to tryout for cheerleading.

COMMENTS

DEPENDABILITY	1	2	3	4	5	_____
LEADERSHIP	1	2	3	4	5	_____
ATTITUDE	1	2	3	4	5	_____
COOPERATION	1	2	3	4	5	_____
COURTESY	1	2	3	4	5	_____
CHARACTER	1	2	3	4	5	_____

