



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 _____

