

Candidate:

Please have each teacher fill out this teacher evaluation. Bring this form, the parent permission and 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 write in number grades

1st grading
period

2nd grading
period

3rd grading
period

Please rank the candidate from 1-5, 5 being the highest.

Consistently low ratings will make a candidate ineligible to try out for cheerleader.

Dependability: 1 2 3 4 5

Comment: _____

Leadership: 1 2 3 4 5

Comment: _____

Attitude: 1 2 3 4 5

Comment: _____

Cooperation: 1 2 3 4 5

Comment: _____

Courtesy: 1 2 3 4 5

Comment: _____

Character: 1 2 3 4 5

Comment: _____