

Kimball High School Pep Squad 2017-2018 Teacher Evaluation Form for Try-Outs

Please return by Thursday, April 28th

Name: _____

School: _____

Grade: _____ ID# _____

Teacher Name: _____ Subject: _____

Please write in grades

2nd Quarter Grade: _____ 3rd Quarter Grade: _____ Current Grade: _____

Please rank the candidate for 1-5, 5 being the highest. Consistently low ratings will make candidate ineligible to try out for cheer squad.

Dependability: _____ Comments _____

Leadership: _____ Comments _____

Attitude: _____ Comments _____

Cooperation: _____ Comments _____

Courtesy: _____ Comments _____

Character: _____ Comments _____

Other _____

Other Comments: _____

Please return this completed form to the KHS Cheer Advisor via inter-district to Kimball High School Office attention, Pep Squad Advisor/Coach, by April 28th. If you have any questions or concerns please contact me at or Kimballcheercoach@yahoo.com
Thank you for your support!