

# Tryout PACKET

## Teacher Evaluation

*Organization and pre-planning are the keys to successful tryouts. Be sure that tryout procedures and scoring reflect the needs of your entire program.*

Candidate:

Please have each teacher fill out this teacher evaluation. Bring this form, the parent permission and medical 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

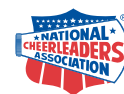
1st grading  
period

2nd grading  
period

Current  
period

Please rank the candidate from 1 -5, 5 being the highest. Consistently low ratings will make candidate ineligible to try out for cheerleader/dancer.

						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	_____



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