

Adult Outside of School Evaluation
CONFIDENTIAL

Directions: Please return this evaluation via email to gilroycheer123@gmail.com by May 7th, 2020.

Candidate's Name: _____

Teacher/Adult Evaluating Candidate: _____

Your relationship with the Candidate: _____

Please list your contact information below in case the Advisor needs to contact you regarding your evaluation/recommendation.

Email: _____ Ph: _____

Please rate student on a scale from 1 - 5 (5 being the highest or best)

- | | | | | | |
|------------------------------|---|---|---|---|---|
| 1. Attendance / Punctuality | 1 | 2 | 3 | 4 | 5 |
| 2. Respect for Authority | 1 | 2 | 3 | 4 | 5 |
| 3. Respect of Peers | 1 | 2 | 3 | 4 | 5 |
| 4. Effort / Quality of Work: | 1 | 2 | 3 | 4 | 5 |
| 5. Honesty and Integrity | 1 | 2 | 3 | 4 | 5 |

Is there any reason why you would not recommend this student for the Gilroy High School Cheerleading Program?

Circle: YES NO

If you answered yes, please explain.

Additional Comments:

Signature: _____ Date: _____

