

# Teacher Evaluation

**CONFIDENTIAL**

**Directions:** Please return this evaluation via email to [gilroycheer123@gmail.com](mailto: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: \_\_\_\_\_

