Burke High Cheerleading Teacher Recommendation Form

Student Name_________________________________ Current Grade Level_________

The student named above desires to try out for the Burke High Cheerleading Squad. Your help is needed in the selection process in order to choose the best possible students to represent Burke High School. **The Teacher Recommendation Form will count for 50% of the total tryout score.** The student will not see this form, so please feel free to be honest with your evaluation. Please do not hand this form back to the student once it is completed or share your recommendation with the student. Forms returned by students will not be accepted.

Please rate the student from 1 to 5 (1 being worst). Use the following criteria to help you reach your decision. **Reserve a 5 score for truly outstanding students.**

5 = Outstanding (always does more than required)  
4 = Above Average (usually does more than is required)  
3 = Average (only does what is required)  
2 = Below Average (frequently does less than average)  
1 = Failing Student (always does less than required)

Characteristics:
_____ 1. Promptness and attendance-is present and on time to class  
_____ 2. Homework and Assignments-completes and turns in all homework on time  
_____ 3. Behavior-follows all school and classroom rules  
_____ 4. Participation-student gives 100% and strives for excellence.  
_____ 5. Attitude-displays a positive, enthusiastic spirit; is a team player  
_____ 6. Responsibility-trustworthy, honest, and reliable; and does what is asked.  
_____ 7. Leadership-positive role model for other students  
_____ 8. Representation-is a good representative of the school  
_____ 9. Peer relationships-able to accept/relate well to students of all backgrounds, races, religions, and abilities.  
_____ 10. Adult relationships-willing to accept direction and or constructive criticism and uses it to make improvements.

_________ total score

Is this student in danger of failing your class? YES NO

____________________  __________________________ ___________
Teacher Name (print) Teacher Signature Course

Teacher Recommendation forms can only be completed by core classroom teachers. Only one recommendation form can be completed by an elective teacher. **Please do not give this form back to the student. Please turn into my mailbox**

(Angie Schneider)