



2019-2020

CHEERLEADING TEACHER RECOMMENDATION

Teachers,

_____ is preparing to try out for the 2019-2020 Cheerleading Program at Atlantic Coast High School. Please take a few minutes to complete this recommendation form and return it to Coach Norris' mailbox or FAX it to (904) 538-5129, attention "CHEER". Your insight will contribute to the candidate's, noted above, FINAL tryout score. Please be honest and feel free to attach additional comments, as necessary.

We genuinely appreciate your assistance.

Using a scale of 1-5 (1= poor, 2 = fair, 3 = good, 4 = great, 5 = excellent), please rate the cheerleading candidate in each category.

<i>A</i> CADEMICS:	1	2	3	4	5
<i>C</i> OMMUNICATION:	1	2	3	4	5
<i>H</i> ONOR (attitude & behavior):	1	2	3	4	5
<i>S</i> UCCCESS (leadership):	1	2	3	4	5
ATTENDANCE:	1	2	3	4	5

Comments:

Teacher Name: _____ Signature: _____

Subject: _____ Period: _____