

MISSION JUNIOR HIGH TEACHER RECOMMENDATION FOR CHEERLEADERS

Teachers, thank you for your assistance in evaluating potential squad members for the 2015-2016 cheerleading season. Please rate the student as indicated; upon completion, please return this form directly to the student in the envelope provided. The envelope should be SEALED and SIGNED by you. Forms are due no later than the end of school day on April 30th, 2015.

Please feel free to contact Mrs. Campbell if you have any questions. e-mail: mlcamp36@mcisd.org or text: (956) 784-0965

Date:	_				
Student Name:		Grade 2015-2016:			
Teacher:	Subject:				
POINTS: 1 <u>POOR</u> 2 <u>FAIR</u>	3 <u>GOOD</u>	4 EXCELLENT	5 <u>SUPI</u>	<u>ERIOR</u>	
SOLIDOL SPIRIT	_	_		_	
SCHOOL SPIRIT	1	2	3	4	5
LEADERSHIP QUALITIES	1	2	3	4	5
ATTITUDE	1	2	3	4	5
DEPENDABILITY	1	2	3	4	5
BEHAVIOR IN CLASS	1	2	3	4	5
GRADES 5: 100-95, 4: 94-90,3: 89-80, 2: 79-70, 1: Below 70	1	2	3	4	5
ABILITY TO HANDLE PROBLEMS	1	2	3	4	5
COOPERATION WITH OTHERS	1	2	3	4	5
PUNCTUALITY TO CLASS AND ASSIGNMENTS	1	2	3	4	5
REFRAINS FROM GOSSIPING	1	2	3	4	5
COMMENTS:					