## INDEPENDENT SCHOOL DISTRICT 196 Rosemount-Apple Valley-Eagan Public Schools Educating our students to reach their full potential

Series Number 604.4.1.3.10P Adopted November 1986 Revised January 2013

| Title         | High Scl  | nool Administrator Evaluation                             | on of Gifted Athlete Process                               |
|---------------|---|---|--|
| School        |   |   | Date   |
| Administrator |   |   |  |
|               | Please  | complete and return this for<br>to keep on file for futur | rm to the middle school principal<br>e program evaluation. |
| 1.            | How many  | staffings did you have for gifte                          | ed athlete status evaluations?                             |
| 2.            | Results:  | Number accepted   | <u> </u>   |
|               |   | Number denied   | <u></u>  |
| 3.            | What is your overall appraisal of how the program has worked this year? |   |  |
| 4.            | Overall, how teams teams  |   | pted by their junior varsity or varsity                    |
| 5.            | Overall, how  | w have parents and staff acce                             | pted the gifted athlete program?                           |
| 6.            |   |   | sperience for the majority of gifted                       |
| 7.            | How has th  | e selection process worked?                               |  |