

Applicant Name: _____

TEACHER EVALUATION FOR PAOLA HIGH SCHOOL SPIRIT SQUAD TRYOUTS

Please complete the following form and return it to Regina Hollinger, the PHS office, or the PMS office by **Wednesday , April 23, 2025**, so that we will have time to tally the results prior to the tryout date. Teacher evaluations will be averaged together to count for a portion of each candidate's score. Only those teachers who taught the candidate during the **2025-2026** school year will participate in the evaluation process. It is very important that you rate the student according to how YOU feel he or she does in YOUR class. Please be realistic as well as fair. These evaluations will NOT be shared with the student. Please be honest!!!

Thank you for your time and cooperation. If you have any questions or concerns, please feel free to contact me in person or by e-mail.

Sincerely,

Regina Hollinger(regina_hollinger@usd368.org) & Hannah Hasselquist(hannah_hasselquist@usd368.org)
PHS Spirit Squad Coaches

Name of Teacher: _____

Class Taught: _____

Student's Current Grade in Your Class: _____

Has this student ever needed to be disciplined by you? If so, why?

On a scale of one to five, please rate the applicant in each of these areas listed below:

5 = Excellent 4 = Good 3 = Average 2 = Needs Work 1 = Poor

5 4 3 2 1 Attendance

5 4 3 2 1 Ability to get along with others

5 4 3 2 1 Cooperation

5 4 3 2 1 Punctuality

5 4 3 2 1 Attitude

5 4 3 2 1 Dependability

Other Comments: _____

Teacher Signature: _____ Date: _____

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