**NEHS Eaglette Teacher Recommendation Form**

**Due by May 9, 2018**

The student listed below is trying out for the Northeast High School Dance Team. A recommendation form is required from a minimum of 3 of your 7 teachers.

*Students please fill out the following information and give forms to required teachers*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teachers complete this form and return to Coach Graves at NEHS via Email** [**Matia.Graves@Cmcss.Net**](mailto:Matia.Graves@Cmcss.Net) **no later than Wednesday, May 9, 2018. Middle school teachers may also send forms through the courier; NEHS teachers may also put them in my box. Please do not give the recommendation form back to the student.**

**Candidate Conduct:**

**Excellent- 4 Above Average-3 Average-2 Below Average-1 Poor-0**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class conduct |  | Honesty |  | Cooperation |  |
| Respect to peers |  | Appearance/grooming |  | Attendance |  |
| Respect to teachers |  | Leadership Ability |  | Motivated |  |
| Works well in groups |  | Dependability |  | Attitude |  |

**Class Grades:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2017-2018 9 weeks grades** | | | |
|  | **1st** | **2nd** | **3rd** | **4th** |
| Language Art (English) |  |  |  |  |
| Math |  |  |  |  |
| Science |  |  |  |  |
| History |  |  |  |  |
| **PE** |  |  |  |  |
|  |  |  |  |  |

**Overall Recommendation (choose one)**

\_\_\_\_\_\_\_\_ Do not recommend

\_\_\_\_\_\_\_\_ Recommend with reservation

\_\_\_\_\_\_\_\_ Recommend

\_\_\_\_\_\_\_\_ Highly recommend

Thank you for your help. Being chosen to represent Northeast High as an Eaglette is both an honor and a privilege. It is my goal to select outstanding representatives both in and out of class. -Coach Graves

**NEHS Eaglette and Parent Agreement Form**

I have read the dance tryout packet and understand the responsibilities and privileges of being a Northeast Eaglette. I will abide by the rules of this district,this school and this program. I will fully cooperate with the coach and all persons and organizations concerned to promote school spirit and good sportsmanship while representing the students and faculty of THE Northeast High School.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to try out for dance team at NEHS for the 2018-2019 school year. If selected she/he has permission to participate as a member of the dance team. I have read the audition packet and I also understand the rules stated. I understand the responsibilities of being an Eaglette. I also understand the role I assume as a parent of an Eaglette and I will assist in every way to see that these rules and regulations are followed. I understand the school and coach assume no financial obligations due to expenses incurred by the dance team. I also understand the school and coach assume no responsibility for any accident or injury that might occur during this clinic/ tryout/practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date