

CHEER RECOMMENDATION FORM

PARTICIPANT NAME: _____

PARENT SIGNATURE: _____

TURN IN WITH PHYSICAL FORMS ON THE FIRST DAY OF TRYOUTS. **(Online students will have to send an electronic copy (picture) of this form to their teachers, print all teachers forms, and bring copies to tryout meeting.)**

Students with a grade/grades below 70% and/or UNSATISFACTORY behavior will not be able to participate.

CLASS	CURRENT GRADE	CURRENT BEHAVIOR	TEACHER SIGNATURE/COMMENTS
LANGUAGE ARTS	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
MATH	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
SOCIAL STUDIES	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
SCIENCE	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
CONNECTIONS 1 (F2F ONLY)	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	
CONNECTIONS 2(F2F ONLY)	_____ %	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY	

