

# St. Benedict Dance Team - Teacher Evaluation Form

Dance Team Candidate Full Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

**CURRENT SBA Students:**

*\* This evaluation is confidential.*

Have a current teacher complete the evaluation. SBA teachers need to return evaluations directly to Sondra Morris by Friday, April 1<sup>st</sup>.

**8th Graders/Non-SBA Students:**

*\*This evaluation is confidential.*

Have a current teacher complete the evaluation. Teacher may return to student in a sealed envelope with signature across the seal. Student must return teacher evaluation by last day of clinic, Thursday, March 31<sup>st</sup>.

Attendance/Punctuality	0	1	2	3	4	5
Respect of Authority & Peers	0	1	2	3	4	5
Effort/Quality of Work	0	1	2	3	4	5
<b>Total Points</b>	_____					<b>out of 15</b>

**Please rate the student on a scale from 0–5 (5 being the highest) on the following elements:**

*Comments:*

Teacher Signature: \_\_\_\_\_