

Teacher Recommendation Form for Cheerleaders 23-24

The Academy at Lincoln

Date: _____

Cheerleader Candidate: _____

Teacher: _____

Parent: _____

Please rate the candidate on the following categories: (5=Excellent, 1=Poor)

Punctual to class and with assignments 1 2 3 4 5

Able to work well with others. 1 2 3 4 5

Shows leadership qualities. 1 2 3 4 5

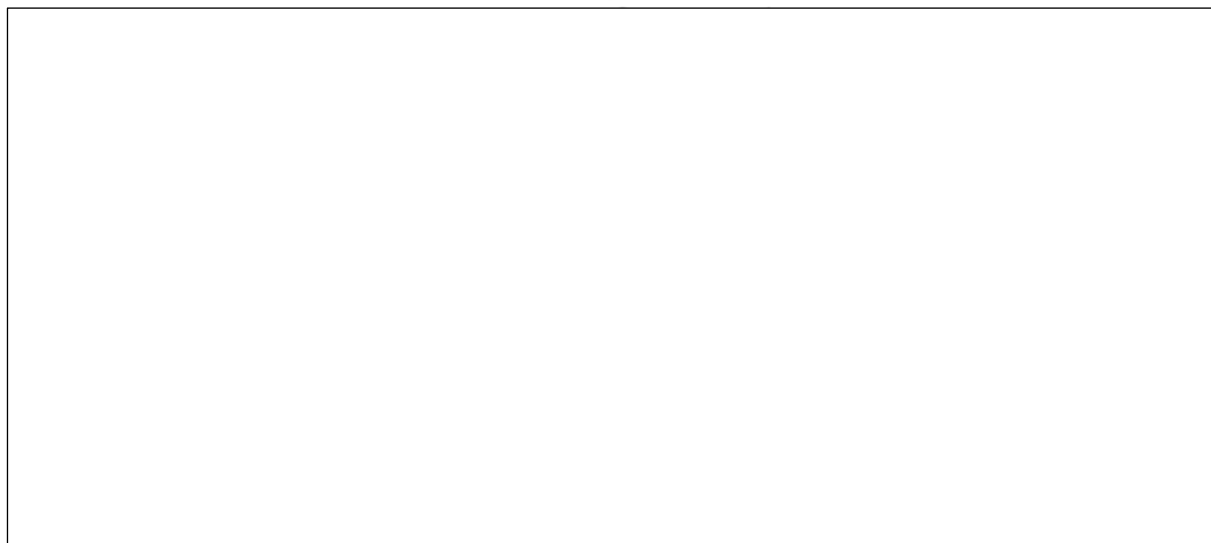
Considered to be dependable and reliable. 1 2 3 4 5

Refrains from gossiping 1 2 3 4 5

Shows a desire to learn and to improve. 1 2 3 4 5

Has an overall good, positive attitude & respectful 1 2 3 4 5

Other comments you would like to share about this candidate:



The Academy at Lincoln

Date: _____

Cheerleader Candidate: _____

Teacher: _____

Parent: _____

Please rate the candidate on the following categories: (5=Excellent, 1=Poor)

Punctual to class and with assignments	1	2	3	4	5
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Able to work well with others. 

Shows leadership qualities.	1	2	3	4	5
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Considered to be dependable and reliable.	1	2	3	4	5
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Refrains from gossiping 1 2 3 4 5

Shows a desire to learn and to improve. 1 2 3 4 5

Has an overall good, positive attitude & respectful	1	2	3	4	5
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Other comments you would like to share about this candidate:

Case No. _____	
Date _____	
Patient Name _____	
Room No. _____	
Physician _____	
Nurse _____	
Attending _____	
Resident _____	
Fellow _____	
Intern _____	
Student _____	
Visitor _____	
Other _____	
History of Present Illness _____	
Past Medical History _____	
Social History _____	
Family History _____	
Review of Systems _____	
Physical Examination _____	
Laboratory Studies _____	
Imaging Studies _____	
Pathology _____	
Microbiology _____	
Genetics _____	
Nutrition _____	
Pain Management _____	
Mental Status _____	
Patient Education _____	
Care Coordination _____	
Discharge Planning _____	
Follow-up _____	
Other _____	