



Central Middle School Cheer Squad

*Ms.Washington, Coach

Teacher Recommendation Form

Candidate's Name: _____ Grade Level: 6 7 (circle one)

Instructions for Candidate: Ask all your teachers to complete and sign below.
Please return this form once completed.

Instructions for teachers: This student is applying to be a member of the CMS Cheer Squad. To be on the team the candidate must be passing with good conduct. Please indicate whether the student currently meets the criteria. Grades will be monitored by the coach throughout the school year.

Period :	Subject:	Teacher's Name:	Passing: (circle one)	Conduct:	Teacher Signature:
1			Yes No		
2			Yes No		
3			Yes No		
4			Yes No		
5			Yes No		
6			Yes No		
7			Yes No		
8			Yes No		