



Teacher Recommendation Form

2020 Summer Intensive Program

**To be completed by a teacher/instructor who has observed your skills in dance.
This recommendation is to remain confidential. As the applicant, you waive your right to view
this recommendation upon submission to your instructor.**

**Instructors: Please mail to South Georgia Ballet, P.O. Box 1192, Thomasville, GA 31799
or email morgan.rhoden@southgeorgiaballet.org by Friday, June 4, 2020.**

Student's Name	Teacher's Name and School		
School Address	City	State	Zip Code
School Phone #	Teacher's E-mail Address		

1. Circle the area(s) in which you have given this student instruction.

Ballet Pointe Jazz Character Tap Theater Partnering

2. Please indicate your rating of the student in the following areas:

Category	Superior	Above Average	Average	Below Average	COMMENTS
Personal Character					
Interest in Dance					
Cooperative Spirit					
Creative Strengths					
Personal Maturity					
Artistic Maturity					
Ballet					
Tap					
Jazz					
Pointe					
Musical Theater					
Contemporary Work					
Overall Strength					

3. Your overall recommendation is: ___ Very High ___ High ___ With Reservation

4. Does the student currently dance with a civic or regional company? If so, which one? _____

5. How many dance classes does the student take per week for each of the following?

Ballet _____ Tap _____ Jazz _____ Pointe _____ Modern _____

6. Please briefly describe at what level this student dances. _____