

***Dr. Phillips High School Visual and Performing Arts Dance
Studio Evaluation***

STUDENT NAME _____ DP LEVEL _____

STUDIO _____ DATE _____
mm/dd/yy

STUDIO CLASS _____
Instructor's Name/Signature _____

Please give us an accurate assessment of your student. **Comments are appreciated.**
Please rate the following components on a scale of 4 – 0.

4 = Excellent 3 = Good 2 = Fair 1 = Poor 0 = Failing

Attendance: (6 Weeks Minimum) 4 3 2 1 0
Comments _____

Commitment to Class: (Prompt arrival and completion of class) 4 3 2 1 0
Comments _____

Correct Attire: 4 3 2 1 0
Comments _____

Attentive: 4 3 2 1 0
Comments _____

Shows Effort and Improvement: 4 3 2 1 0
Comments _____

Takes Direction/Correction Well: 4 3 2 1 0
Comments _____

Overall Progress: 4 3 2 1 0
Comments _____

General Thoughts/Comments _____

Please return to student in a sealed envelope with your signature on the back flap

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Dr. Phillips High School
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