

Dance Teacher Questions

Name of person completing Teacher Questions



Please give your assessment of the students level of experience in each of the following:

Ballet:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Jazz:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Tap:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Theater Dance	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Voice	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Acting/Drama	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced

Please circle the following steps that the student can perform cleanly and consistently. Circle all that apply.

Jumps: Grand jeté, Jeté battu, Tour jeté, Cabriole, Entrechat quatre / six, Leap in second, Switch leap, Switch second

Turns: Single / double / triple pirouette en dedans, Single / double / triple pirouette en dehors, Fouettés, Turns in second

Tap: Single Timestep, Double Timestep, Triple Timestep. with Pickups, Single / double pullbacks, Double Wings

Does the student suffer from any recurring injury? Please describe

Has the applicant had to stop dancing for more than 2 weeks within the past year due to injury? Please describe

Does the student participate in any of the following? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> School musical / play | <input type="checkbox"/> School drama |
| <input type="checkbox"/> School choir | <input type="checkbox"/> Speech and debate |
| <input type="checkbox"/> Church choir | <input type="checkbox"/> Community / professional theater |
| <input type="checkbox"/> Show choir | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drill team | |

Please list any honors or special awards the student has received:



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