

THE COLLEGE OF SOUTHERN IDAHO
Dance/Cheer Squad Letter of Recommendation

Applicant Name: _____

Email: _____

Phone #: _____

Respondent Name: _____

Email: _____

Phone #: _____

This form will remain confidential. Respondents please sign your name at the bottom and across the sealed envelope tab.

Applicants please provide a stamped, addressed envelope with this form.

Mail by April 30th to:
 CSI Coach Julie Wright
 The College of Southern Idaho
 315 Falls Ave.
 Twin Falls, ID 83303-1238

Relationship to applicant: _____

How long have you known the applicant? _____

What are their strengths? _____

What are their weaknesses? _____

	Poor	Below Average	Average	Above Average	Excellent (Top 5%)
Work Ethic					
Responsibility & Reliability					
Leadership					
Teachability					
Creativity					

What is your personal evaluation of this applicant? _____

(Continue on back if necessary)

Respondent Signature: _____ Date: _____