



Bates Dance Festival  
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**Teacher Evaluation Form for the Professional Training Program**

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_

To the Instructor: This evaluation is a required component of the scholarship application for the Bates Dance Festival's Professional Training Program. Their application will not be considered without this form. Please complete and return this form directly to our office via fax (preferred) or mail. **Receipt date for consideration is March 26.**

Name of Instructor/Company Director \_\_\_\_\_

Title \_\_\_\_\_

School or Studio \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

How long has the applicant worked with you? \_\_\_\_\_

When did the applicant last study with you? \_\_\_\_\_

Does the applicant have any alignment, physical or other problems of which we should be aware?

\_\_\_\_\_  
\_\_\_\_\_

Please discuss the applicant's technical and creative strengths:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make additional comments on the applicant's dance ability or potential please attach an additional sheet.