



Bates Dance Festival
Pettigrew Hall, 305 College St.
Lewiston, ME 04240-6016
Ph 207-786-6381
Fx 207-786-8332
Email: dancefest@bates.edu

2012 Teacher Evaluation Form for Young Dancers Workshop

Save PDF locally and open with [Adobe Acrobat](#)

Applicant Name

Age

To the Instructor or Company Director: This evaluation is a required component of the student's application for the Young Dancers. Their application will not be considered without this form. Please complete and return this form directly to our office via email (dancefest@bates.edu) or fax 207-786-8332. **Receipt date is March 26.**

Name of Instructor

Title

School, Studio or Company

Address

City

State

Zip

Email

Phone

Date

**Signature

(please note: Signature is required for printed forms only - online submissions will be validated by our office)

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 dance ability and potential, specifically his/her technical and creative strengths:

continue on 2nd page to make additional comments on the applicant's dance ability or potential



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Please make additional comments on the applicant's dance ability or potential

Other notes