

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 604.4.1.3.6P Adopted November 1986 Revised January 2013

Title **Student Evaluation: Middle School Student Participation in High School
Junior Varsity or Varsity Athletic Activities—Gifted Athlete**

Student's name _____

Address _____
street city, state zip code

Phone (____) _____ Sport _____

To Be Completed By the Student

Directions: Please complete the form below and return it to your middle school principal within two weeks following the completion of the season.

1. Did you enjoy participating on the high school team?
2. Did your high school teammates accept you as part of the team?
3. How did your middle school friends react to your being on the high school team?
4. Did participating on the high school team affect your grades or school work?
5. Were you successful on the high school team?
6. Would you want to compete on the high school team if you had to do it over again? Explain.

Thank you for sharing this information.

Student signature Date