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

Series Number 604.4.1.3.10P Adopted November 1986 Revised January 2013

| Title | High Sc | hool Administrator Evaluation | on of Gifted Athlete Process |
|---------------|---|---|--|
| School | | | Date |
| Administrator | | | |
| | Please | complete and return this for to keep on file for futur | rm to the middle school principal e program evaluation. |
| 1. | How many staffings did you have for gifted athlete status evaluations? | | |
| 2. | Results: | Number accepted | <u></u> |
| | | Number denied | <u></u> |
| 3. | What is your overall appraisal of how the program has worked this year? | | |
| 4. | Overall, ho teams team | | pted by their junior varsity or varsity |
| 5. | Overall, ho | w have parents and staff acce | pted the gifted athlete program? |
| 6. | Overall, wa athletes? | s this a positive or negative ex | xperience for the majority of gifted |
| 7. | How has th | ne selection process worked? | |