

# Dance Teacher Questions

Name of Applicant \_\_\_\_\_



Name of person completing Teacher Questions \_\_\_\_\_

Please give your assessment of the students level of experience in each of the following:

Ballet:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Jazz:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Tap:	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Theater Dance	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Voice	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced
Acting/Drama	<input type="checkbox"/> No experience	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate/Advanced	<input type="checkbox"/> Advanced

Please circle the following steps that the student can perform cleanly and consistently. Circle all that apply.

*Jumps:* Grand jeté, Jeté battu, Tour jeté, Cabriole, Entrechat quatre / six, Leap in second, Switch leap, Switch second

*Turns:* Single / double / triple pirouette en dedans, Single / double / triple pirouette en dehors, Fouettés, Turns in second

*Tap:* Single Timestep, Double Timestep, Triple Timestep. with Pickups, Single / double pullbacks, Double Wings

Does the student suffer from any recurring injury? Please describe \_\_\_\_\_

Has the applicant had to stop dancing for more than 2 weeks within the past year due to injury? Please describe \_\_\_\_\_

Does the student participate in any of the following? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> School musical / play | <input type="checkbox"/> School drama                     |
| <input type="checkbox"/> School choir          | <input type="checkbox"/> Speech and debate                |
| <input type="checkbox"/> Church choir          | <input type="checkbox"/> Community / professional theater |
| <input type="checkbox"/> Show choir            | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Drill team            |   |

Please list any honors or special awards the student has received: \_\_\_\_\_



Signature of person completing Teacher Questions \_\_\_\_\_