

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

Series Number 604.4.1.3.7P Adopted November 1986 Revised January 2013

Title Parent or Guardian 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 _____

Please complete and return this form to your child's middle school principal within two weeks following the completion of the season.

1. Were there any special requirements, transportation needs or other issues that posed a problem for your child?
2. Did your child have a successful experience while competing for the high school team?
3. Was your child accepted by the high school staff and team members?
4. Was your child's rapport with their peer group affected?
5. Did participating on the high school team affect your child emotionally or psychologically?
6. Was participating on the high school level beneficial or detrimental for your child? Please explain.

Thank you for sharing this information.

Parent or guardian signature Date