

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

Series Number 604.4.1.3.9P Adopted November 1986 Revised January 2013

Title **Middle School Administrator Evaluation of Gifted Athlete Process**

School _____ Date _____

Administrator _____ School Year _____

**Please complete and return this form to the middle school principal to
keep on file for future program evaluation.**

1. How many student athlete applications did you receive this year?
2. How many staffings did you have for gifted athlete evaluations?
3. Results: Number accepted _____
 Number denied _____
4. What is your overall appraisal of how the program has worked this year?

5. Overall, what effect has it had upon the athletes selected or denied?

6. What suggestions would you have to make the program more effective?