

EVERMAN HIGH SCHOOL CHORAL DEPARTMENT

1000 S. Race St.
Everman, TX 76140
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817-568-5200



Everman Choirs Faculty Recommendation Form

Student Name: _____ Student ID: _____

Circle All That Apply: Enchor Bella Voce A Capella Choir Council

The above student is applying for a varsity choir here at Everman High School. **Please return this form to Mr. Ezell's box by _____.**

In what class/ organization have you observed this student? _____

Please fill out to the best of your knowledge. Feel free to N/A if you need to.

	Needs Help	Fair	Average	Good	Excellent
Relating to others					
Attendance					
Punctuality					
Cooperativeness					
Reliability					
Initiative					
Leadership Qualities					

Comments:

Special talents or strong points:

Areas in which student may need special assistance:

Teacher (Print) _____

Signature _____ Date _____

Pride, Determination, Ability