



Dancing Coyote Camp Teacher Recommendation

(Not necessary for returning campers)

Student name: _____

Person completing form: _____ Date: _____

School: _____

School address: _____

Phone number of person completing form: _____

How long and in what capacity have you known this student: _____

Dancing Coyote Camp is a one- or two-week nature awareness camp for up to 24 students per session. The positive experience for all students depends upon the participation and contribution of each individual to the group. Ability to follow directions takes on a whole new meaning when in the wilderness with possible dangerous consequences. Your input will help us make an informed decision to insure a positive experience for the whole group.

	Outstanding	Average	Below Ave	Comments
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parental involvement/cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comment on learning style

Strengths of this student

Challenges for this student

Thank you. This form will be used by the Dancing Coyote Camp director for purposes stated above and will remain confidential. Are you available for questions? Yes No

Signature _____

Please submit form directly to:
Gayle Holeyton, Director
Dancing Coyote Camp
3133 Sahalee Dr. West
Sammamish, WA 98074
Fax 425-836-3129
Phone: 425-868-0407
Email: info@dancingcoyotecamp.com