SUBJECT: **DANCE**

OBJECTIVE(S)
To encourage, recognize and reward youth with an interest in the field of dance.
To develop a dancing ability and nurture confidence in public performance.

PREREQUISITES
Has been a member in good standing of a recognized dance school or club for over a period of twelve consecutive months for a minimum of 50 hours.

Has satisfied the Instructor/Evaluator that they attended all instructional sessions, practices and performances as required, and achieved a satisfactory degree of skill.

INSTRUCTORS/EVALUATORS
- Dance teacher
- Recognized professional/amateur in the related area i.e. Tap, Ballet, Jazz, Ballroom, Ethnic, etc.

REFERENCES AND MATERIALS
- Local Libraries (relevant books of instruction)
- Community College courses
- Local dance clubs/schools

CONTENT
The candidate must:
- presently be an active member of the dance club/school etc.
- perform satisfactorily in accordance to the youth's age, level of instruction and experience.
- achieve the minimum number of hours through practical instruction and/or classes or workshops.

DURATION
As required.

CERTIFICATION
The candidate must:
a) be an active member;
b) have turned out regularly (to the satisfaction of the dance officials) to practices, meetings, dance sessions, etc. during the season;

c) have shown, in the judgment of the dance officials, a sincere interest and effort throughout the regular season;

d) have shown an acceptable skill level and ability relevant to their age, experience and physical potential.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

DANCE

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
                (candidate's name)   (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

_____   _____
Instructor/Evaluator   (signature)   Date

_____   _____
Divisional Superintendent (signature)   Date