

AVID: Teacher Recommendation Form

Teachers: Please complete this form for the student who has requested your recommendation. Please do not return to student you may send through courier to Nastasha Johnson at Memorial Middle School or send electronically to (nhendrix@rockdale.k12.ga.us)

Student Name: _____

Teacher: _____

1. How long have you known this student? _____

2. How would you describe this student's grades?

☐ All B's/C's ☐ All A's/B's/C's ☐ All C's/D's/F's ☐ Other _____

3. Do you believe this student needs the support of the AVID class to succeed in advanced coursework?

☐ Yes

☐ No

4. Is this student self-motivated?

☐ Consistently ☐ Sometimes ☐ Rarely ☐ Never

5. How often do you observe this student working *diligently* on assigned tasks?

☐ Consistently ☐ Sometimes ☐ Rarely ☐ Never

6. Does this student complete homework and class assignments?

☐ Consistently ☐ Most of the time ☐ Sometimes ☐ Rarely

7. Does this student demonstrate responsibility?

☐ Consistently ☐ Most of the time ☐ Sometimes ☐ Rarely

8. Does this student exhibit good citizenship?

☐ Consistently ☐ Most of the time ☐ Sometimes ☐ Rarely

9. What are the first three words that come to mind in describing this student?

1. _____ 2. _____ 3. _____

10. Given AVID support, would you recommend this student for an advanced class?

☐ Yes ☐ No (not yet) If yes, which class _____

Additional Comments:

For AVID Site Team Use Only:

Rating: _____ / 19

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