



## **Teacher Recommendation for the AVID Program at Castle Dome Middle School**

Recommendation for: \_\_\_\_\_  
(Student's full name)

Student's School: \_\_\_\_\_

I, \_\_\_\_\_, recommend \_\_\_\_\_ as a candidate for the district's AVID program. I have known \_\_\_\_\_ for \_\_\_\_\_ years as a student in my \_\_\_\_\_ class. I believe this student has the potential to go to college and that the AVID program would help him/her attain this goal. Below is my assessment of this student. I hope you will consider \_\_\_\_\_ for the AVID program at your school.

Sincerely,

\_\_\_\_\_

(Teacher's signature)

\_\_\_\_\_

(Date)

Please rate the student on a scale of 1 – 5. (5 = excellent, 4 = very good, 3 = average, 2 = some difficulty, 1 = not a strength)

General Behavior \_\_\_\_\_

School Attendance \_\_\_\_\_

Organizational Skills \_\_\_\_\_

Internal Motivation \_\_\_\_\_

Turning Work in on Time \_\_\_\_\_

Writing Skills \_\_\_\_\_

Willing to Accept Support \_\_\_\_\_

Ability to Work  
With Other Students \_\_\_\_\_

Ability to do Honor Work  
With Extra Support \_\_\_\_\_