



Karns High School AVID Program Teacher #2 Recommendation Form

Student: _____

School: _____

Teacher: _____

Subject: _____

Directions to Teacher: The above student is applying for admission to the KHS AVID program. Please use the following rating scale to answer the questions below. Once you have completed the form, please place it in the provided envelope and seal the envelope. Return the sealed envelope to the student or give to the guidance counselor at your school. Thank you!

5 = always 4 = almost always 3 = sometimes 2 = rarely 1 = never

This student:	Score:	Comments:
1. Brings necessary materials and is prompt to class	_____	_____
2. Turns assignments in on time	_____	_____
3. Works well with others	_____	_____
4. Adds pertinent information to class discussions	_____	_____
5. Has individual determination	_____	_____
6. Accepts constructive criticism	_____	_____
7. Respects teacher and classmates	_____	_____
8. Is well behaved in class	_____	_____
9. Seeks assistance if presented with a problem	_____	_____
10. Works well without supervision	_____	_____
	Total: _____	

Teacher Signature: _____

Date: _____