

Applicant Information

→To be completed by the student

Student Name: _____ **Date:** _____
Last *First* *M.I.*
Teacher Name: _____ **School:** _____

Class: _____
Subject *Period*
Teacher Appraisal

→To be completed by teacher

Please rate the applicant on each of the following areas by circling the number that best rates him/her in that area (1 being the lowest score). Feel free to use the space provided to briefly comment.

College Potential	1	2	3	4	5	_____
Effort/Motivation	1	2	3	4	5	_____
Attendance	1	2	3	4	5	_____
On Task Behavior	1	2	3	4	5	_____
Attitude/Respect	1	2	3	4	5	_____

Overall Performance **1** **2** **3** **4** **5**

 Have you noticed any specific needs in the above applicant?
 If yes, please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Low test scores | <input type="checkbox"/> Lacks accurate career and college information |
| <input type="checkbox"/> Lack of family support | <input type="checkbox"/> Lacks appropriate social skills |
| <input type="checkbox"/> Low educational aspirations | <input type="checkbox"/> Limited proficiency in English |
| <input type="checkbox"/> Lack of self-confidence/esteem | <input type="checkbox"/> Has an IEP |
| <input type="checkbox"/> Rurally Isolated | <input type="checkbox"/> Other need: _____ |

Teacher Signature

→Please sign and date the appraisal below.

Signature

Date

Printed Name

Thank you for your time. This information WILL BE KEPT CONFIDENTIAL.

Please drop this form in the College Bound Instructor's box at your school.