



St. Augustine High School AVID College Prep Program

Teacher Recommendation Form

2018-2019 School Year

Student Directions: Write your name on the line below and give a copy of this form to four of your academic teachers (English, Math, Science, Social Studies). If you are currently enrolled in the AVID program, one of your four recommendation forms must be from your AVID elective teacher.

Dear Teacher,

The student _____ has applied for the AVID College Prep program at St. Augustine High School. In order to select the most eligible candidates for the program, four teacher recommendations are requested. Please take a moment to honestly rate the above student in the following areas using the scale below. When you are finished, please send the form via school mail to Daryl Cullipher, one of the AVID site coordinators at St. Augustine High School. To ensure confidentiality, please do not return the form to the student. The student application deadline is February _____, so please return the form as soon as possible before that date. Thank you for your student feedback and input.

0-3= Below Average

4-7= Average

8-10= Above Average

The student demonstrates college potential.	
The student regularly completes class assignments.	
The student is respectful in class.	
The student participates in class.	
The student is a team player.	

Do you believe that this student would benefit from the AVID program?

What is the student's biggest academic challenge?

Is there any information about this student that you would like for the site team to consider?

Teacher Name: _____ School _____ Course _____

Thank you for taking time out of your busy day to give feedback on this student for our AVID program.

Please return this completed form to Daryl Cullipher, one of the AVID Coordinators at SAHS