

CONFIDENTIAL RECOMMENDATION

(STUDENT'S NAME)

(STUDENT'S BIRTHDATE)

STUDENT: Please take this form to a teacher, counselor, School administrator, or employer who knows you. Ask This person to complete the form, and return to UI- CAMP in a sealed envelope at:

COLLEGE ASSISTANCE MIGRANT PROGRAM
875 PERIMETER DRIVE MS 3030 MOSCOW, ID 83844-3030
(208) 885-5173 (PHONE)
(208) 885-5170 (FAX)
CAMP@UIDAHO.EDU (EMAIL)

PRINT EVALUATOR NAME: _____ **TITLE:** _____

NAME OF SCHOOL/AGENCY: _____ **PHONE:** _____

This student has applied to participate in the University of Idaho CAMP. Please fill in the form, attaching any appropriate comments as needed. The evaluation below will assist in determining our ability to provide supporting services.

STUDENT'S GPA: _____ **STUDENT'S ATTENDANCE:** _____

(Excellent, Good, Fair, or Poor)

STUDENT'S PRIMARY AREAS OF INTEREST/APTITUDE AND ADDITIONAL COMMENTS: _____

IDENTIFIED WEAKNESSES/AREAS TO IMPROVE: _____

Is this student on an Individual Education Plan (IEP) or receiving other disability services? YES NO

Are there any known mental health issues? YES NO

	Strong	Good	Average	Weak	Very Weak
ACADEMIC PREPARATION					
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES					
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL TO SUCCEED IN COLLEGE					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: _____

DATE: _____