

# AVID | Teacher & Team Recommendation Form

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Course: \_\_\_\_\_

\_\_\_\_\_ Academic

\_\_\_\_\_ Honors

**Directions:** Please circle the number (1-5) that corresponds to your level of agreement with the following statements. This form will be used as a tool to determine a student's readiness for AVID support so please answer honestly. If you have additional comments about any specific item or items, please write them in the space provided at the bottom and on the back of this form if necessary.

**1** = Strongly **DIS**agree

**2** = **DIS**agree

**3** = neutral

**4** = Agree

**5**= Strongly Agree

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. This student has shown a willingness to ask for help when it is needed.   | 1 | 2 | 3 | 4 | 5 |
| 2. This student has the necessary writing skills to be successful in high school honors courses.                       | 1 | 2 | 3 | 4 | 5 |
| 3. This student's reading level is at an appropriate level for him/her to be successful in high school honors courses. | 1 | 2 | 3 | 4 | 5 |
| 4. This student will benefit from AVID.  | 1 | 2 | 3 | 4 | 5 |
| 5. I believe that this student will have a successful experience with AVID.  | 1 | 2 | 3 | 4 | 5 |

Additional Comments: