# AVID Student Application

**Academic Teacher Recommendation Form**

You may return this form by mail, or email to Tiffany Wilson at Troy High School. **For additional information or questions, contact Tiffany Wilson at 714-626-4580 or email at twilson@fjuhsd.org.**

Thank you for your time and consideration. We appreciate your efforts!

Student Name _____________________________________ School__________________

Teacher Name _____________________________________ Course__________________

**Current Grade:** A B C D F **Current Citizenship:** O S N U

Please rate the student on the criteria listed below; 1 is the lowest, 5 is the highest.

<table>
<thead>
<tr>
<th>Category</th>
<th>(1) Poor</th>
<th>(2) Fair</th>
<th>(3) Good</th>
<th>(4) Very Good</th>
<th>(5) Excellent</th>
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<tbody>
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<td>Organizational Skill</td>
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<td>Motivation to complete tasks provided</td>
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<td>Initiative</td>
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<td>Responsibility</td>
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<td>Participation</td>
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<td>Assignment Completion</td>
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<td>Time Management</td>
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<td>Attendance</td>
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*We would appreciate if you have any additional comments or responses to the categories above.*

**Please continue to the back of the page to complete application.**
Teacher Recommendation Continued:

Why do you believe this student will benefit from AVID?

_______________________________________________________________________
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What qualities will this student bring to AVID?

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Additional Comments:

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Thank you for your time in filling out this recommendation letter for AVID!

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Tiffany Wilson
2200 E. Dorothy Lane
Fullerton, CA 92831

Phone: 714-626-4580