

**CONFIDENTIAL RECOMMENDATION**

(STUDENT'S NAME)

(STUDENT'S BIRTHDATE)

**STUDENT:** Please take this form to a teacher, counselor, or school administrator who knows your academic history. Ask this person to complete the form, and return to UI-CAMP:

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

**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, adding 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 in need of special services? YES NO

ACADEMIC PREPARATION	STRONG	GOOD	AVERAGE	WEAK	VERY WEAK
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"/>
<b>PERSONAL QUALITIES</b>					
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"/>
<b>POTENTIAL TO SUCCEED IN COLLEGE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_