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:

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

Mathematics □ □ □ □ □
Oral/Written Skills □ □ □ □ □
Reading □ □ □ □ □

PERSONAL QUALITIES

Self-Motivation □ □ □ □ □
Self-Discipline □ □ □ □ □
Leadership □ □ □ □ □
Enthusiasm □ □ □ □ □
Cooperation □ □ □ □ □
Relating to others □ □ □ □ □

POTENTIAL TO SUCCEED IN COLLEGE

□ □ □ □ □

SIGNATURE: ___________________________ DATE: ___________________________