

2017 SPRING COLLEGE TOUR

Donald Maxwell - Director

INSTRUCTORS:

The student presenting this form to you will be attending the 2017 HBCU College Tour, March 5-12, 2017. Please provide a rating for the following areas. Thank you in advance for your cooperation:

STUDENT'S NAME: _____

HIGH SCHOOL: _____

Excellent...Good.... Average.... Poor
(Please circle only one below)

Teacher Name: _____

1. Classroom Behavior	E	G	A	P
2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

Teacher Name: _____

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COUNSELOR:

This is to certify that the above student has a cumulative GPA of: _____

Counselor Signature: _____

Counselor Email Address: _____ Phone Number _____

SCHOOL ADMINISTRATOR:

This is to certify that the above student has a total of _____ Disciplinary Referrals for this school year.

Administrator Signature: _____