**EOPS Summer Institute 2014**

**June 16, 2014 – July 24, 2014**

**TEACHER RECOMMENDATION FORM**

**Directions for interested Summer Institute participant:**
The student, not the recommender completing this form, is responsible for collecting and submitting completed recommendations with the Summer Institute Interest Form. All interested students should submit **TWO** (2) Teacher Recommendations to the EOPS Office by **Monday, May 19, 2014 at 5:00pm**. Please direct any questions about the Summer Institute program to Rudolf Rose by phone at (925) 969-2129, or e-mail at **roose@dvc.edu**.

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**Name of Participant:** ____________________________  **School:** ____________________________  **Current Grade:** ____________________________

**Directions for Recommender:**
The student named above has expressed interest in participating in the EOPS Summer Institute, an intensive six-week college bridge program, designed to strengthen the college English and math skills of incoming college students, recent high school graduates, and rising seniors. EOPS would appreciate your assessment of the student’s readiness for study in a community college environment. If your relationship to the applicant does not allow you to comment on an aspect of the student’s background, please write “N/A” in the space provided. If needed, feel free to attach an additional sheet. Please complete, sign, and place this form in a sealed envelope. It is the student’s responsibility to retrieve the form and submit it to EOPS by **Monday, May 19, 2014 at 5:00pm**.

1. **What is your job title?** __________________________________________________________

2. **How long have you known the student?** ____________________________ **Years**  **Months**

3. **In what context do you know this student?** ____________________________________________

4. **Check the column that most accurately reflects your sense of this student’s characteristics and motivation.**

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
<th>Additional Comments, If any</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has a positive and mature attitude</td>
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<td>b. Demonstrates leadership capacity</td>
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<td>c. Is a self-starter</td>
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<td>d. Is highly motivated</td>
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<td>e. Solves interpersonal conflicts well</td>
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5. **Briefly discuss any barriers to achievement this student has faced. Do you believe that they will affect his/her performance in this program?**

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6. **What qualities best describe this student?**

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7. **What is your overall assessment of the applicant’s potential, motivation, or capability for undertaking basic, college-level work and potential to succeed in a community college environment? (check one):**

   - [ ] Outstanding
   - [ ] Above Average
   - [ ] Average
   - [ ] Needs Improvement

   ____________________________  ____________________________  ____________________________

   **Recommender’s Name (Print)  Recommender’s Name (Signature)  Date**

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   **Recommender’s E-mail Address**  **Recommender’s E-mail Address**  **Phone Number**

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Student Services Center, Room 127  •  321 Golf Club Road  •  Pleasant Hill, CA 94523  •  Phone: 925-969-2123