

STUDENT REVIEW

___AM ___PM

Student Name _____ Program Area _____

____2nd year in program

School _____ Graduation Date _____

Student Test Number (STN) _____ GPA _____

(As of the end of 1st semester)

IEP: On file _____

Does not have an IEP _____

Transcript: Included____ Not included_____

Please complete reverse side

SCHOOL'S EVALUATION:

____ Recommend for the program

____ Recommend on conditions listed: _____

____ Not recommend because _____

Date

School Representative Signature

CAREER & TECHNICAL EDUCATION PROGRAM INSTRUCTOR'S EVALUATION:

____ Recommend for the program

____ Recommend on conditions listed: _____

____ Not recommend because _____

Date

Career & Technical Instructor Signature

STUDENT REVIEW

Student Name _____

Please use the charts below to tabulate a review of the student. Circle or underline the appropriate information. Total the student's points in the space provided. Complete the reverse side.

Current Year Attendance

0 – 3 days	5 points
4 – 5 days	4 points
6 – 9 days	3 points
10 – 15 days	2 points
16 – 20 days	1 point
21+ days	0 points

Discipline Reports

0 Reports	5 points
1 – 3 Reports	3 points
4+ Reports	0 points

GPA

3.0 or above	5 points
2.9 – 2.5	4 points
2.4 – 2.0	3 points
1.9 – 1.7	2 points
1.6 – 1.5	1 point
1.4 or below	0 point

Point Summary

Accepted*	13 – 15 points
Considered	9 – 12 points
Not Recommended	8 points or below

**Acceptance depends on program space and availability.*

Current Year Attendance _____

GPA _____

Discipline _____

TOTAL POINTS _____

Recommend _____

Not Recommend _____

Completed by _____ Position _____

Date _____

Additional Comments: