

College Readiness Assessment

Student Name: _____
(Please Print)

Grade Next Year: 9th 10th
(Please Circle)

Teachers: please use this form to provide honest, constructive feedback for the student shown above.
 On a scale of 0 - 5 where **0** is considered **"Not College Ready"** and **5** is **"Definitely College Ready"**, please rate the student on the following criteria:

Student: Please CLEARLY print the names of your teachers	Instructor Name	Instructor Name	Instructor Name	Instructor Name	Instructor Name
Overall Character / Student Conduct	_____	_____	_____	_____	_____
Maturity / Self-advocacy / Works independently					
Attendance					
Quality of Work / Work Ethic/ Time Mgmt					
Critical Thinking Ability / Methods					
Participation (Discussion, Group Dynamics)					

Instructor's Name:	Course:
Comments:	
Instructor's Name:	Course:
Comments:	
Instructor's Name:	Course:
Comments:	
Instructor's Name:	Course:
Comments:	
*Instructor's Name:	Course:
Comments:	

*Last Instructor, please place completed form _____