The宇宙大学 * 火石 Fellows
Strive Toward Excellence Program

Buckingham Center Room 58 * Akron, OH 44325-7910 * 330.972.6683

GUIDANCE COUNSELOR / PRINCIPAL RECOMMENDATION

The individual named below is applying for admission to the Firestone Fellows Strive Toward Excellence Program, a pre-college preparatory program at The University of Akron. We are interested in attracting quality applicants who wish to pursue a college education upon graduation from high school. We appreciate your assistance in aiding us in the evaluation of the applicant. Please return and attach a copy of the applicant’s Student Transcript Report including IEP, if applicable, and current report card to the address below.

APPLICANT NAME ____________________________________________________________ GRADE __________

Mark only one box that best applies to the applicant.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>No Basis</th>
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</thead>
<tbody>
<tr>
<td>Leadership</td>
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<td>Dependability</td>
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<td>Self-Confidence</td>
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<td>Rapport with peers</td>
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<td>Rapport with adults</td>
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<td>Capacity for hard work</td>
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<td>Manners</td>
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<td>Academic Achievement</td>
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<td>Motivation</td>
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<td>Maturity</td>
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<td>Behavior</td>
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Please indicate on the reverse side of this form any special circumstances in the student’s background or home life that could help us to better evaluate this applicant. Include any serious or repeated disciplinary actions, suspensions or absences for an extended period.

Overall Recommendation
- Enthusiastically recommend
- Recommend
- Recommend with reservation
- Do NOT recommend

Signature ____________________________________________

Recommender Information

All recommendations must be received in our office no later than Friday, March 3, 2023.

Name of Guidance Counselor (Please Print)

__________________________________________________________________________

School

School Address City Zip Code

E-mail Address

RETURN FORM BY
MAIL: The University of Akron
Strive Toward Excellence Program
Buckingham Center Rm 58
Akron, OH 44325-7910

SCAN: carlucc@uakron.edu

FAX: 330.972.8658

Over
**MATH TEACHER RECOMMENDATION**

All recommendations must be received in our office no later than Friday, March 3, 2023.

APPLICANT NAME _______________________________________________________________ GRADE __________

The individual named above, has applied for admission into The University of Akron’s Strive Toward Excellence Program (STEP). STEP is a unique college preparatory program for select students in the Akron area. A prerequisite for program admission consideration is a recommendation from the student’s Math teacher. We appreciate the time and effort that you will be taking to provide us with your assessment of the applicant.

### Academics

**Part I:** Please mark the appropriate boxes that best describes the applicants overall academic performance in your class.

<table>
<thead>
<tr>
<th></th>
<th>Above Grade Level</th>
<th>At Grade Level</th>
<th>Below Grade Level</th>
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</thead>
<tbody>
<tr>
<td>Oral Expression</td>
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<td>Creativity</td>
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<td>Test &amp; Quiz Results</td>
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<td>Teamwork</td>
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<tr>
<td>Organized</td>
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</tbody>
</table>

**Part II:** Please mark the appropriate boxes that best describes the applicants overall academic performance in your class.

- Does not study
- Missing homework
- The applicant has low quizzes and/or test scores
- Lacks classroom participation because he/she does not understand the goals and objectives of what is being taught
- Unable to understand the concept(s), but works appropriately and demonstrates the hard work and effort needed to be successful in my class
- Could benefit from tutoring or extra credit
- Works at grade level
- Not working at grade level

**Part III:** Do you believe that the student is working up to his/her full potential? Yes _____ No _____

If not, what do you believe is the hindrance that is preventing them?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Behavior

Part I: Please mark the appropriate boxes that best describes the applicants overall behavioral performance in your class.

<table>
<thead>
<tr>
<th>Ethics and Integrity</th>
<th>Above Grade Level</th>
<th>At Grade Level</th>
<th>Below Grade Level</th>
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<tbody>
<tr>
<td>Self-Confidence</td>
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<tr>
<td>Leadership Characteristics</td>
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</table>

Part II: Please mark the appropriate boxes that best describes the applicants overall behavioral performance in your class.

- Excessively talks during class and his/her grade along with citizenship mark reflect this behavior
- Lacks classroom participation, but focuses on peer relationships during classroom instruction
- Displays poor attitude during redirection of behavior and does not take ownership of his/her poor choices
- Demonstrates leadership roles in the classroom and uses all resources to access support systems, if needed
- Works hard at modeling appropriate behavior in the classroom setting and it reflects in his/her grade and/or citizenship mark
- Respects authority

Part III: Please indicate any special circumstances in the student’s background or home life that could help us better evaluate this applicant. Include any serious or repeated disciplinary actions, suspensions or absences for an extended period.


Recommendation Information

Name of Teacher (Please Print)

School

School Address

City

Zip Code

E-mail Address

Overall Recommendation
- Enthusiastically recommend
- Recommend
- Recommend with reservation
- Do NOT recommend

Signature

FORMS MAY BE RETURNED BY
MAIL The University of Akron
Strive Toward Excellence Program
Buckingham Center Room 58
Akron, OH 44325-7910

SCAN carlucc@uakron.edu

FAX 330.972.8658
ENGLISH TEACHER RECOMMENDATION

All recommendations must be received in our office no later than Friday, March 3, 2023.

APPLICANT NAME _______________________________________________________________  GRADE _________

The individual named above, has applied for admission into The University of Akron’s Strive Toward Excellence Program (STEP). STEP is a unique college preparatory program for select students in the Akron area. A prerequisite for program admission consideration is a recommendation from the student’s English teacher. We appreciate the time and effort that you will be taking to provide us with your assessment of the applicant.

Academics

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- Could benefit from tutoring or extra credit
- Works at grade level
- Not working at grade level

Check box if statement is accurate

Part III: Do you believe that the student is working up to his/her full potential? Yes _____ No _____

If not, what do you believe is the hindrance that is preventing them?
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___________________________________________________________________________

___________________________________________________________________________

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Recommendation Information

Name of Teacher (Please Print) ___________________________________________________________________________

School _____________________________________________________________________________________________

School Address _____________________________________________________________________________________

City __ Zip Code __________________________________________________________________________________

E-mail Address _____________________________________________________________________________________

Overall Recommendation

☐ Enthusiastically recommend
☐ Recommend
☐ Recommend with reservation
☐ Do NOT recommend

Signature _________________________________________________________________________________________

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