The University of Akron * Firestone Fellows Strive Toward Excellence Program

55 Buckingham Center * Akron, OH 44325-7908 * 330.972.6818

GUIDANCE COUNSELOR / PRINCIPAL RECOMMENDATION

The individual named below is applying for admission to the Firestone Fellows Strive Toward Excellence Program, a precollege 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 NAM	1E					GRADE
Mark only <u>one</u> box tha	t best applies to the	e applicant.				
	Excellent	Good	Average	Below Average	No Basis	Please indicate on the reverse side of this form any specia
Leadership						circumstances in the student's background or home life that could help us to better evaluate
Dependability						this applicant. Include any
Self-Confidence						serious or repeated disciplinary actions, suspensions or
Rapport with peers						absences for an extended period.
Rapport with adults						
Capacity for hard work						Overall Recommendation ☐ Enthusiastically recommend
Manners						□ Recommend
Academic Achievement						□ Recommend with reservation□ Do NOT recommend
Motivation						<u> </u>
Maturity						
Behavior						Signature
	Re	ecommend	er Informati	<u>on</u>		Toward Etcel

All recommendations must be received in our office no later than Friday, March 8, 2024

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 55 Buckingham Center Akron, OH 44325-7908

SCAN: mbw1@uakron.edu

FAX: 330.972.8658

ADDITIONAL COMMENTS

APPLICANT NAME:	GRADE:
-	

The University of Akron * Firestone Fellows Strive Toward Excellence Program

Ayer Hall 217 * Akron, OH 44325-7909 * 330.972.6683

MATH TEACHER RECOMMENDATION

APPLICANT NAME _____

All recommendations must be received in our office no later than Friday, March 8, 2024
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GRADE

(ST adr	EP). nissic	STEP is a u on considerat	I above, has applied for inique college preparato tion is a recommendatio provide us with your asse	ry program for select on from the student's	t students in the Al Math teacher. W	ron area. A prerequi	site for program
Ac	ader	nics					
Pai	t I: P	Please mark t	he appropriate boxes th	at best describes the	applicants overall	academic performanc	e in your class.
				Above Grade Level	At Grade Level	Below Grade Level	
			Oral Expression				
			Creativity				
			Test & Quiz Results				
			Teamwork				
			Organized				
Pai	t II: F	Please mark	the appropriate boxes th	nat best describes the	applicants overall	academic performan	ı ce in your class.
							Check box if statement is accurate
•	Doe	s not study					
•	Miss	sing homewo	rk				
•	The	applicant ha	s low quizzes and/or tes	t scores			
•		ks classroom g taught	participation because h	e/she does not unde	rstand the goals ar	nd objectives of what i	s
•			stand the concept(s), but be successful in my clas		and demonstrates	the hard work and	
•	Cou	ld benefit fro	m tutoring or extra credit	t			
•	Wor	ks at grade le	evel				
•	Not	working at gr	rade level				
Pai			ve that the student is wo			No	
	-						

Behavior

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

	Above Grade Level	At Grade Level	Below Grade Level
Ethics and Integrity			
Self-Confidence			
Attitude			
Dependability			
Motivation			
Peer Relations			
Behavior			
Parental Involvement			
Leadership Characteristics			

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

			Check box is statement is accurate
• Excessively talks during class and his/h	ner grade along with citizenship mark reflect this b	pehavior	
Lacks classroom participation, but focus	ses on peer relationships during classroom instru	ction	
Displays poor attitude during redirection	n of behavior and does not take ownership of his/	her poor choices	
Demonstrates leadership roles in the cla	assroom and uses all resources to access suppo	rt systems, if needed	
Works hard at modeling appropriate be citizenship mark	havior in the classroom setting and it reflects in h	is/her grade and/or	
Respects authority			
Recomme Name of Teacher (Please Print) School	ender Information MATH Subject	Overall Recomm In Enthusiastically recommend In Recommend with recommend In Do NOT recommend	commend
School Address	City Zip Cod	/e	

FORMS MAY BE RETURNED BY

E-mail Address

MAIL

The University of Akron Strive Toward Excellence Program 55 Buckingham Center Akron, OH 44325-7908 SCAN mbw1@uakron.edu **FAX** 330.972.8658

Signature

The University of Akron * Firestone Fellows Strive Toward Excellence Program Ayer Hall 217 * Akron, OH 44325-7909 * 330.972.6683

ENGLISH TEACHER RECOMMENDATION

APPLICANT NAME _____

All recommendations must be received in our office no later than	Friday, March 8, 2024.
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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						
Part I: Please mark	the appropriate boxes th	at best describes the	applicants overall	academic performanc	e in your class.	
		Above Grade Level	At Grade Level	Below Grade Level		
	Oral Expression					
	Creativity					
	Test & Quiz Results					
	Teamwork					
	Organized					
Part II: Please mar	k the appropriate boxes th	nat best describes the	applicants overall	academic performan	ce in your class.	
					Check box if statement is accurate	
Does not study						
Missing homework						
The applicant h	nas low quizzes and/or tes	st scores				
Lacks classroom participation because he/she does not understand the goals and objectives of what is being taught					s	
	erstand the concept(s), but to be successful in my class		and demonstrates	the hard work and		
Could benefit fr	om tutoring or extra credi	t				
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?					

Over

Behavior

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

	Above Grade Level	At Grade Level	Below Grade Level
Ethics and Integrity			
Self-Confidence			
Attitude			
Dependability			
Motivation			
Peer Relations			
Behavior			
Parental Involvement			
Leadership Characteristics			

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

				Check box if statement is accurate		
•	Excessively talks during class and his/her grade along with citizenship ma	rk reflect this behav	ior			
•	Lacks classroom participation, but focuses on peer relationships during cla	assroom 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 citizenship mark	it reflects in his/her	grade and/or			
•	Respects authority					
	rt III: Please indicate any special circumstances in the student's background plicant. Include any serious or repeated disciplinary actions, suspensions of			er evaluate thi		
_						
	Recommender Information		Overall Recomm	endation		
_	=	GLISH oject	□ Enthusiastically red □ Recommend □ Recommend with t □ Do NOT recomme	reservation		

FORMS MAY BE RETURNED BY

School Address

E-mail Address

MAIL The University of Akron Strive Toward Excellence Program 55 Buckingham Center Akron, OH 44325-7908 SCAN mbw1@uakron.edu

City

FAX 330.972.8658

Signature

Zip Code