



# Hope College Step Up

## Math Teacher Recommendation

This section of the Step Up Student Application is to be completed by the student's Math instructor. Please return it to the student, school's Counseling Center, or to Step Up.

<b>Mailing Address:</b> Step Up Hope College PO Box 9000 Holland, MI 49422-9000	<b>Office Location:</b> Hope College Graves Hall B27 263 College Ave Holland, MI 49423	<b>Email Address:</b> <a href="mailto:StepUp@hope.edu">StepUp@hope.edu</a>	<b>Phone:</b> 616-395-6876
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### APPLICATION

Name of Student Applicant	Name of Recommending Teacher
Name of School	How long have you known this student?
Please identify the course(s) in which you have provided instruction and/or academic support for the student.	

### EVALUATION

Please identify the student's academic needs (including if they are receiving Special Education services) and provide evidence of how Hope College Step Up Program services can support the student's efforts to graduate high school.

RATE SKILL AREAS BASED ON YOUR ASSESSMENT OF THE STUDENT	Always	Sometimes	Never
EFFORT: Tries his/her best in class.			
PARTICIPATION: Joins discussions and appears eager to learn.			
PUNCTUALITY: Reports to class on time.			
DAILY ASSIGNMENTS: Follows instruction and meets the daily course requirements.			
INITIATIVE: Is a self-starter and appears to do more than required.			
COOPERATION: Is responsible, tactful and works well with others.			
ATTITUDE IN CLASS: Demonstrates a cooperative, motivated, interested and enthusiastic demeanor.			
ORGANIZATION SKILLS: Turns in assignments on time.			
TIME MANAGEMENT: Uses class time appropriately and works in a timely, thorough manner.			

Please identify how the student demonstrates the potential to succeed academically.

Please identify specific academic and/or personal needs.

<b>Math Teacher Name:</b>	<b>Date</b>	
<b>Signature:</b>		



# Hope College Step Up

## English/Language Arts Teacher Recommendation

This section of the Step Up Student Application is to be completed by the student's English instructor. Please return it to the student, school's Counseling Center, or to Step Up.

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### APPLICATION

Name of Student Applicant	Name of Recommending Teacher
Name of School	How long have you known this student?
Please identify the course(s) in which you have provided instruction and/or academic support for the student.	

### EVALUATION

Please identify the student's academic needs (including if they are receiving Special Education services) and provide evidence of how Hope College Step Up Program services can support the student's efforts to graduate high school.

RATE SKILL AREAS BASED ON YOUR ASSESSMENT OF THE STUDENT	Always	Sometimes	Never
EFFORT: Tries his/her best in class.			
PARTICIPATION: Joins discussions and appears eager to learn.			
PUNCTUALITY: Reports to class on time.			
DAILY ASSIGNMENTS: Follows instruction and meets the daily course requirements.			
INITIATIVE: Is a self-starter and appears to do more than required.			
COOPERATION: Is responsible, tactful and works well with others.			
ATTITUDE IN CLASS: Demonstrates a cooperative, motivated, interested and enthusiastic demeanor.			
ORGANIZATION SKILLS: Turns in assignments on time.			
TIME MANAGEMENT: Uses class time appropriately and works in a timely, thorough manner.			

Please identify how the student demonstrates the potential to succeed academically.

Please identify specific academic and/or personal needs.

<b>English Teacher Name:</b>	<b>Date</b>
<b>Signature:</b>	