



4. How much support will the parent(s) or guardian(s) provide to ensure the student's success?  
Great Deal  Some  None  Unable to judge
5. How well do you think that the student will do in this program? If there are any weak areas, how would you strengthen these?
6. Please indicate below any general recommendations that you may have about the student or any special considerations of which we should be aware.
7. Please comment briefly on special interests, abilities, needs, or qualities of this student:

Name of teacher: (Please print) \_\_\_\_\_

Name of School and District number: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Subjects taught and grade level:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: Robert C. Johnson, Ph.D.  
Host Institution: Pre-College Programs  
St. Cloud State University  
720 4<sup>th</sup> Avenue South  
St. Cloud, MN 56301-4498  
(320) 308-2553; Fax: (320) 308-2554

Program Dates:  
See Website

<http://www.stcloudstate.edu/pipeline>