



**PATHWAY 2 SUCCESS PROGRAM
TEACHER RECOMMENDATION**

School _____ **Date** _____

Teacher Name: _____

Teacher Email: _____

Student Name: _____

This questionnaire will help the AUM Foundation's Pathway 2 Success Program (P2S) in the selection process. This program requires a time commitment of at least 8 hours a month and dedicated students. Please use additional sheets if necessary.

- 1) Give an example of when the student demonstrated resilience during a challenge(s).

- 2) What are some barriers the student faces now or has faced in the past?

- 3) What are the student's strengths?

- 4) Why did you choose to recommend this student for (P2S) Program?

- 5) Please rate this student on a scale of 1 to 10 (where 1 is the lowest and 10 the highest) on the attributes below:
 - A. Responsibility

 - B. Accountability

Teacher Signature

Date