

# AVID | Student Checklist

This form is to be completed by the AVID Counselor.

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ AVID Counselor: \_\_\_\_\_

**Attendance Record:** Please mark the appropriate number for the student's 1<sup>st</sup> semester attendance.

\_\_\_ 0-3 absences    \_\_\_ 4-7 absences    \_\_\_ 8-11 absences    \_\_\_ 12-14 absences    \_\_\_ 15+ absences

**Discipline Referrals:** Please mark the appropriate number of discipline referrals for student.

\_\_\_ 0 referrals    \_\_\_ 1 referral    \_\_\_ 2 referrals    \_\_\_ 3 referrals    \_\_\_ 4+ referrals

**Current Class Schedule:** Please indicate if the student is enrolled in the following courses.

\_\_\_ 3+ Honors Classes    \_\_\_ 2 Honors Classes    \_\_\_ 1 Honors Class    \_\_\_ Not enrolled in Honor Classes

**Standardized Test Scores:** Please indicate if the student meets or exceeds in Reading and Math.

Meets:            \_\_\_ Reading    \_\_\_ Math

Exceed:         \_\_\_ Reading    \_\_\_ Math

**Qualifies for free or reduced lunch:** Please circle your response

YES

NO

**Comments:**