## Advanced Program in Technology and Science <u>Teacher Recommendation Form</u>

INSTRUCTIONS: This form is part of the application of each student who wishes to apply to participate in the program. It is to be filled out by a science or mathematics teacher and submitted directly to the Project Director. For first priority, the Director must receive the form by May 30, 2018.

Dear Teacher:

Your time and effort in answering the following questions will be greatly appreciated. All information will be kept in strict confidence.

Student's last name

First

Middle

Female Male

1. Please rate the student in the following areas:

QUALITY	EXCELLENT	GOOD	FAIR	POOR	INADEQUATE INFORMATION
Scholarship					
Ability to work with other students					
Seriousness of Student					
Ability to work independently					
Industry/Motivation					
Willingness to cooperate					
Discipline					
Behavior					
Respect for adults					
Attitude toward learning					
Ability to successfully complete a					
long term project Interest in Math					
Interest in Science					
Does the student have a "C" or better a f yes, please provide the most recent			e latest grad CIENCE		Yes No

2. In summary, applicant is:

Highly recommended \_\_\_\_\_ Recommended \_\_\_\_\_

Questionable

Not recommended\_\_\_\_\_

3. Please characterize both the student's performance in science and math classes as well as his/her potential in science and mathematics. (Please use additional sheets if necessary.)

Advanced Program in Technology and Science Teacher Recommendation Form Page 2

- 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: (Plo	ease print)		
Name of School and	District number:		
School Address:			
City, State & Zip: _			
Subjects taught and g	grade level:		
Teacher signature:		Date:	
Project Director: Host Institution:	Robert C. Johnson, Ph.D. 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 http://www.stcloudstate.edu/pipeline	Program Dates: See Website	