

MATH-SCIENCE-COMPUTER CAMP

Teacher Recommendation Form

INSTRUCTIONS: This form is part of the application packet for the Math-Science-Computer Camp. It is to be filled out by a teacher and submitted directly to the Project Director. For first priority, the form is to be received by **May 1st**.

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 Initial _____ Female Male Grade Level _____ (Current)

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 | | | | | |
| Initiative/Motivation | | | | | |
| Willingness to cooperate | | | | | |
| Discipline | | | | | |
| Behavior | | | | | |
| Respect for adults | | | | | |
| Attitude toward learning | | | | | |
| Interest in Math | | | | | |
| Interest in Science | | | | | |

Does the student have a "C" or better average in science or math in the latest grading period? Yes No

If yes, please provide the most recent grade in: Math _____ Science _____ Technology _____

In summary, applicant is: Highly recommended Recommended
 Questionable Not recommended

Please comment briefly on student's special interests, abilities, needs, or qualities: _____

Name of Teacher: (Please print) _____

School: _____ Address of School: _____

City: _____ State: _____ Zip: _____

Teacher's signature _____

Date _____

Project Manager: Debbie Beumer.

Host Institution: Pre-College Programs
 St. Cloud State University,
 720 4th Avenue South
 St. Cloud, MN 56301-4498

Telephone: (320) 308-2553; Fax: (320) 308-2554

e-mail: precollegeprograms@stcloudstate.edu

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