

Eaglecrest High School Sci-Tech STEM Program

2014-2015 Teacher Recommendation Form

Deadline for Application is March 2, 2015

The purpose of this evaluation is to help us identify the qualities of the student who has asked you for a recommendation. We are looking for students who will complete this program and who will use it as a stepping stone into colleges and university with the intent of studying various aspects of science, engineering, mathematics, technology and medicine. The contents of evaluation are confidential so please feel free to be as candid as you wish.

When finished, please name the document: "Recommendation *student name*" and email it to Steve Smith at Eaglecrest High School ssmith5@cherrycreekschools.org.

Teacher information:

Name: _____ School Assigned to: _____

Student Information:

Name: _____

How long have you know this student and in what context? _____

What are the first three words that come to mind which describe this student?

Ratings: Compared to other students in his or her class, how do you rate this student in terms of:

	<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Very Good (Above average)</i>	<i>Excellent (top 10%)</i>	<i>Outstand- ing (top 5%)</i>	<i>One of the top I've en- countered (top 1%)</i>
<i>Academic Achievement</i>							
<i>Creative, original thought</i>							
<i>Disciplined work habits</i>							
<i>Maturity</i>							
<i>Motivation</i>							
<i>Leadership</i>							
<i>Integrity</i>							
<i>Reaction to setbacks</i>							
OVERALL							