TO BE COMPLETED BY STUDENT BEFORE SUBMITTING TO TEACHER FOR RECOMMENDATION.

Student’s Name ____________________________________________________________

LAST FIRST M. I.

Name of High School ________________________________________________________

TEACHER RECOMMENDATION (Science)

Name and Title ____________________________________________________________

School/Organization _______________________________________________________

How long have you known the student and in what capacity? _______________________

Please tell us in narrative form why you endorse this student for the ESTEEM Research Mentoring Program. Address what you know about the student’s academic performance, participation in school activities as well as their character, reliability, conduct and general qualifications for participation in ESTEEM. Attach an additional sheet of paper if necessary. PLEASE PLACE THIS RECOMMENDATION FORM ALONG WITH YOUR COMMENTS IN A SEALED ENVELOPE BEFORE RETURNING TO STUDENT.

How would you rate the student in the following areas? (Check only one per category)

1. Ability to Follow Rules and Directions
   - Always follows
   - Sometimes Follows
   - Seldom Follows
   - Never Follows

2. Motivation
   - Highly Motivated
   - Sometimes Motivated
   - Seldom Motivated
   - Lacks Motivation

3. Maturity
   - Always Exhibits Maturity
   - Sometimes Exhibits Maturity
   - Seldom Exhibits Maturity
   - Immature

Signature ___________________________________________ Date _______________

This form should be returned as a part of the student application packet.

DO NOT FAX ANY MATERIALS