

Science Olympiad Teacher Recommendation Form

Student: _____ Grade: _____

Teacher: _____ Title: _____

How long have you known this student? 0-6 months 7-12 months 1 year or more

Please rate the student on each of the following areas of personal competence

(Please check the appropriate box)

Grasps fundamental ideas and concepts:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Integrates complex information:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Completes assignments:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Accepts constructive criticism:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Assumes responsibility:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is motivated to achieve:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has good work habits; is disciplined	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Ability to Focus:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Intellectual Curiosity:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Works well with others:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Organization:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

Please check one:

I Highly recommend Recommend Recommend with reservation Do not recommend
that this student be considered for the 2015-2016 Science Olympiad Team.

Teacher's Statement

Special consideration should be given to this student because

Signature _____ Date _____

Please return this completed form to Miss Spaulding's mailbox by 5:00 on 9/25/2015. (DO NOT RETURN TO STUDENT) Thank you!