

Summer High school Intern Program (SHIP) at NIST

Teacher Recommendation Form

| Student's Name | | |
|---|---------------|----------|
| | (Last, First) | |
| Teacher's Name | | |
| Length of time you have known the student | year(s) | month(s) |
| Subjects Taught | | |
| School Name | | |

Evaluation of student's performance according to the scale below:

- 0) No opportunity to assess
- 1) Clearly below satisfactory level
- 2) At satisfactory level
- 3) Clearly above satisfactory level
- 4) Superior performance

| Area of Evaluation | Ranking |
|--|---------|
| Oral communication with adults and peers | |
| Participates actively during class | |
| Punctuality and attendance | |
| Functions cooperatively with peers | |
| Has demonstrated the ability to respond to critique | |
| Has demonstrated the ability to analyze and resolve problems | |
| Has demonstrated leadership qualities | |
| Has demonstrated self-motivation | |
| Has demonstrated concern for others | |
| Academic achievement | |
| Potential for Growth | |
| Independence | |

Please use the space below to address how well you know the student and in what capacity. Also, please explain further why you gave the student a 1 or a 4 in any area described above. If necessary, please continue on additional sheets.