

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.