

***Faculty Recommendation***

**Directions for Student: (Please use black or blue ink)**

* Three recommendations are required (one must be a science teacher)
* Completed the designated parts of this form
* Be sure to allow at least one week for the teacher to fill out the recommendation

**To Be Completed By the Student:**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed By the Faculty Member Making Recommendation**

Please rate the candidate in the following categories by selecting the appropriated number based on the following rating scale. Please provide a response to every question. You may provide additional comments in the “comments section” on the following page.

1=below average 2= average 3=above average 4=excellent

The student:

1. Interacts well with teachers and other students 1 2 3 4
2. Produces acceptable written work 1 2 3 4
3. Follows directions well 1 2 3 4
4. Is a good listener 1 2 3 4
5. Is able to understand the needs of others 1 2 3 4
6. Is emotionally stable/ able to work well under stress 1 2 3 4
7. Is compassionate 1 2 3 4
8. Handles change well 1 2 3 4
9. Is flexible 1 2 3 4
10. Is detail oriented 1 2 3 4
11. Works well in a variety of situations with a variety of people 1 2 3 4
12. Is a quick thinker 1 2 3 4
13. Has good problem solving skills 1 2 3 4
14. Is well prepared 1 2 3 4
15. Is respectful of people and rules 1 2 3 4
16. Maintains confidentiality 1 2 3 4

Average (Total points/16) \_\_\_\_\_\_

**Comments: (Please type or print)**

1. Can you provide examples which illustrate the student’s self-discipline, problem solving skills, persistence and study habits?
2. What do you think is the student’s potential for success in the Governor’s Health Sciences Academy?
3. Add any other comments which will help the selection committee make a decision about this student.

Highly Recommend \_\_\_\_\_

Recommend\_\_\_\_\_\_\_

Recommend with Reservation\_\_\_\_\_

Do not Recommend\_\_\_\_\_

**Teacher Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**