



Seabrook Science Magnet Program

Teacher Recommendation Form

Student should make two hard copies of this form. Student should fill in name on form before giving one to their Science Teacher and one to their Language Arts Teacher.

Student Last Name

Student First Name

Parent/Guardian Signature

Teacher Name---Subject Taught

Date of Parent/Guardian Signature

Date Completed by Teacher

Please rank the following statements according to the following scale:

- 5 = Outstanding; characteristic present most of the time
- 4 = Above Average; characteristic often present
- 3 = Average; characteristic occasionally present
- 2 = Below Average; characteristic seldom present
- 1 = Well Below Average; characteristic not present
- 0 = No Opinion; no basis for evaluation

5 4 3 2 1 0

Student exhibits a desire to learn.									
Student works well with others.									
Student shows respect for authority.									
Student exhibits creativity.									
Student exhibits critical thinking and problem solving skills.									
Student is well-rounded and happy.									
Student exhibits organizational skills.									
Student is capable of independent study.									
Student should adjust well to new school environment.									

Please answer the following questions concerning the applicant. Your time in providing complete and valuable input is appreciated.

List three adjectives which you feel best describe this student.

List the applicant's strengths. (What will the student bring to the Program? What will teachers most like about this student?)

List the applicant's weaknesses. (What challenges will the student bring to the Program?) Do you believe the applicant will take advantage of the extra science opportunities involved in this Program?

Comment on the applicant's interest and motivation (not necessarily success) in science.

Additional Comments:

Remember: The focus of the Science Magnet Program is a love of science. Applicants must display that characteristic and make you believe they are interested enough to stay in the Program for the entire three years.

Teacher Signature_____

Date