Please return to the designated counselor by	y:	Counselor:
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XLR8 STEM Academy Application

FACULTY RECOMMENDATION

DIRECTIONS FOR STUDENT

- Three recommendations are needed; a science teacher, a mathematics teacher and one other teacher.
- Complete 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 STUDENT

Student Name:			
La	st	First	M.I.
Date of Birth:	Gender: nth Day Year	Present Grade Leve	el:

TO BE COMPLETED BY FACULTY MEMBER MAKING RECOMMENDATION

Please rate the candidate in the following categories by selecting the appropriate number based on the following rating scale. Please provide an answer 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:

Shows desire and curiosity

Learns rapidly

Shows persistence when faced with challenges

Is self-disciplined in establishing and reaching goals

Has a long concentration span

Displays perseverance

Shows initiative

Deals effectively with abstractions and generalizations

Thinks analytically

Has developed problem solving skills

Demonstrates skill in asking inquiry-type questions

Has good study habits

Produces acceptable written work

Interacts well with other students and teachers

Has demonstrated interest in science and technology

Has aptitude and potential for successful study in math

Has aptitude and potential for successful study in science

FACULTY RECOMMENDATION (continued) 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 at th	e XLR8 STEM Academy?
3. Do you believe the student will take full advantage of the har experiences available at the XLR8 STEM Academy? Why?	nds-on technical, math and science learning
4. Add any other comments which will help the selection comm	nittee make a decision about the student.
Highly Recommend Recommend Recommend with Reservation Do not Recommend	
Teacher Name (Please Print)	
Signature:	Date:

Math Teacher Science Teacher Other Teacher