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Instructor Recommendation
 Please return this completed recommendation to:
 Initiatives in STEM
 University of Central Florida
 PO Box 162993
 Orlando, FL 32816-2993

Select Summer Program:

Biology Computer Science Competitive Programming

Student: Complete the top portion of this form, then pass it on to your teacher.

STUDENT Completes Top Portion

Name: Last _____ First _____ MI _____ Last Four SS#: _____

Student Email: _____ Student Phone: _____

School Name: _____

City: _____ County: _____ State: _____

I authorize my teacher to provide the requested information to the Summer Institute at the University of Central Florida

Student Signature: _____ **Date:** _____

Please use the 5-level rating scale to evaluate the student's performance relative to other students with whom you have worked.

	Below Average	Average (top 50%)	Good (top 25%)	Excellent (top 5%)	Outstanding (top 2%)
Factual knowledge					
Likes to solve difficult problems					
Creativity					
Tenacity/Effort					
Learns Information quickly					
Self-confidence					
Works well with peers					
Discipline					

Please elaborate on the student's intellectual capability, performance and accomplishments. If needed, add any additional comments on a separate sheet.

Teacher Name: _____

Phone: _____ Email: _____

Class taught: _____ Rank in class: _____ out of _____ students

Signature _____ **Date** _____