Parent: Complete the top portion of this form, then have the student’s math or science teacher complete the rest.

Student Name: Last ______________________________ First _____________________ MI _____

Parent/Student Email: ________________________________________________  Parent/Student Phone: ________________

School Name: __________________________________________________________________________________ __________

City: __________________  County: ______________________  State: ________

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

Parent Signature: __________________________________________________ Date: __________________________

Teacher: Please complete the below form and return to the address above. Forms may also be scanned and emailed directly to STEM@ucf.edu.

Always | Almost Always | Sometimes | Almost Never | Never
--- | --- | --- | --- | ---
Does the student listen/follow directions? |
Does the student work well with others? |
Does the student exhibit a desire to learn? |
Does the student complete his/her work in a timely manner? |
Will the student benefit from this program? |

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: _______________________________________________________

Signature __________________________________________________________  Date _____________________________