

Florida Governor's School for Space Science and Technology 2013 Summer Academy Teacher Recommendation

Applicant Name: _____

Teacher Recommendation Form

- To the Applicant**

Fill out your name on this form and give it to one of your current or previous math or science teachers.

- To the Teacher**

We appreciate your cooperation in completing this form. Your observations are an important part of the student's application. Your recommendation will be read only by the 2013 Summer Academy's selection committee and will not be shared with anyone. Please submit the completed pdf form to: flgovschool@gmail.com from your school email address or mail a signed form to: Florida Governor's School for Space Science and Technology 2013 Summer Academy 3435 South Hopkins Ave. Unit #5 Titusville, FL 32780

Name
Subject Taught
Email Address
School Name
School Address
Telephone
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Parochial <input type="checkbox"/> Magnet

Please assess the applicant compared to other gifted students that you have taught.

	One of the best	Top 5%	Above Average	Average	Below Average	No Basis
Science Achievement						
Math Achievement						
Academic Achievement						
Intellectual Achievement						
Ability to work independently						
Ability to work cooperatively						
Motivation						
Leadership						
Integrity						
Reaction to setbacks						

If you have any further comments you'd like to share regarding this student, please submit them on a separate sheet of paper (paper application) or in a separate pdf or Word document (electronic application).

I certify that all information on the School Report Form is accurate.

Signature (required) _____

Date _____

For more information about the Florida Governor's School, go to govschool.fit.edu.