

**Teacher Recommendation for Student's Acceptance into the Lakeland School
District's Science Research Program**

Section 1: To be filled out by the student or teacher.

Student Name: _____ Date: _____

High School Name: _____

Section 2: To be filled out by the teacher.

Teacher Name: _____ Date: _____

Subject Taught: _____

Compared to other students in his or her class year, how do you rate this student in terms of:

	Below Average	Average	Good	Very Good	Excellent (top 10%)	Superior (top 5%)	No basis
Academic Achievement							
Motivation							
Independence, initiative							
Intellectual Promise							
Creative, original thought							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							

Additional Comments: