**REACH Program**

**July – August**

**SCIENCE TEACHER RECOMMENDATION FORM**

Deadline for completed application is ________________________

**NAME OF APPLICANT**

**GRADE STATUS UPCOMING FALL:** [ ] 10 [ ] 11 [ ] 12

Please help us to evaluate the applicant’s qualifications by answering the questions below as completely as you can. If you would like to add more information, please feel free to attach additional sheets.

**PLEASE MAIL THIS FORM TO:** The University of Toledo, The Office of Faculty & Student Diversity, 3000 Arlington Ave., Toledo, Ohio 43614, Mulford Library Room 136E, Mail Stop 1043. Tel:419.383.3438, Fax: 419.383.6450

<table>
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<th>ABILITIES BY CHECKING THE APPROPRIATE BOX</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No opportunity to observe</th>
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<td>Willingness and ability to follow directions</td>
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<td>Has mature judgment and accepts responsibility</td>
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<td>Possess good work habits</td>
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<td>Shows enthusiasm in work</td>
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<td>Quality of work is well organized, neat, accurate, etc.</td>
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<td>Shows thoroughness in preparation</td>
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<td>Is effective at presenting own ideas</td>
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<td>Verbal skills</td>
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<td>Written skills</td>
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<td>Is punctual and dependable</td>
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<td>Can work independently without supervision</td>
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<td>Applies newly learned information to different methods</td>
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<td>Is cooperative and works well with others</td>
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<td>Takes the initiative and can effectively meet day-to-day requirements</td>
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REACH Program
July – August

SCIENCE TEACHER RECOMMENDATION FORM

TO THE BEST OF YOUR ABILITY PLEASE COMPLETE THE FOLLOWING ABOUT THE APPLICANT

In your opinion, how would the applicant perform in a laboratory or clinical environment?
☑ Irresponsibly ☑ Responsibly ☑ Very Responsibly ☑ Exceptionally Well

What do you see as the applicant’s greatest strengths and weaknesses?
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

In what class of yours is the applicant enrolled?
________________________________________________________________________________________________________________

Scholastic initiative in your class (e.g., top 1%, top 3%, etc.)
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

How has the applicant shown an interest in science?
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Applicant’s behavior is:
☑ Immature for Age ☑ Normal for Age ☑ Mature for Age ☑ Very Mature for Age

Teacher’s Name:________________________________________________________________________________________________

Teacher’s Position:________________________________________________________________________________________________

School:__________________________________________________________________________________________________________

School Address:___________________________________________________________________________________________________

School Telephone:________________________________________________________________________________________________

Signature:_________________________________________ Date:________________________________________

PLEASE FORWARD ALL APPLICATION MATERIALS TO:
Manager of Diversity Programs
3000 Arlington Avenue
Toledo, Ohio 43614
Mail Stop 1043