**Toledo STARZ**  
**SEPTEMBER 24, 2009—MAY 20, 2010**

**SCIENCE TEACHER RECOMMENDATION FORM**

Deadline for acceptance of completed application is April 30—September 4, 2009.

NAME OF APPLICANT ________________________________  GRADE STATUS: (circle) 9 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 include more information, please feel free to attach additional sheets.

PLEASE MAIL THIS FORM TO: Office of Institutional Diversity, The University of Toledo, Health Science Campus, 3045 Arlington Ave., Toledo, Ohio 43614-5805, Phone: 419-383-3438, Fax: 419-383-6450.

<table>
<thead>
<tr>
<th>PLEASE ASSESS THE APPLICANT'S 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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</thead>
<tbody>
<tr>
<td>Willingness and ability to follow directions</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Is mature of judgment and in accepting responsibility</td>
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<tr>
<td>Possesses good work habits</td>
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<tr>
<td>Shows a definite interest in science</td>
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<td>☐</td>
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<tr>
<td>Shows enthusiasm in work</td>
<td>☐</td>
<td>☐</td>
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<td>Quality of work is well organized, neat, accurate, etc.</td>
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<td>☐</td>
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<tr>
<td>Shows thoroughness in preparation</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Is effective at presenting own ideas</td>
<td>☐</td>
<td>☐</td>
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<td>Verbal skills</td>
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<td>☐</td>
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<td>Written skills</td>
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<td>☐</td>
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<td>Is punctual and dependable</td>
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<td>Can work independently of supervision</td>
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<td>Ease at which applicant learns and applies new methods</td>
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<td>☐</td>
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<td>Is cooperative and works well with others</td>
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<tr>
<td>Takes the initiative and can effectively meet day-to-day requirements</td>
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</tbody>
</table>
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?
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- Your class in which this applicant is enrolled:
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- Scholastic initiative in your class (i.e. Top 1%, Top 3%, Top 5%, 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: ________________________________________

- Your Teaching Position: _________________________________

- School: _______________________________________________

- School Address: _______________________________________

- School Telephone: _____________________________________

- Signature: ____________________________________________ Date: ________________________

Completed applications will be accepted April 30—September 4, 2009 for full consideration. Please forward all application materials to: Manager of Diversity Programs Office of Institutional Diversity The University of Toledo 3045 Arlington Ave. Toledo, OH 43614-5805 Phone: 419.383.3438