Science Olympiad Teacher Recommendation

Attention: Please do NOT return this form to the student. All forms should be returned to ______________.

To Be Filled Out By Student

Name: ________________________________  Grade: __________

Teacher Name: __________________________  Subject: __________

To Be Filled Out By Evaluating Teacher Only

Student's Current Grade: ________________

On a scale of 0-5 (0 being “never” and 5 being “always”), evaluate the student above based on the following statements.

Consistently completes assignments. _________
Completes assignments with accuracy. _________
Is willing to help others when appropriate. _________
Has a positive attitude toward learning. _________
Has a positive attitude toward other students. _________
Has a positive attitude toward teachers/adults. _________
Follows instructions given by teacher _________
Asks questions when they do not understand a concept/instruction _________
Accepts their mistakes and/or attempts to correct them _________
Completes tasks within a timely manner _________
Attends class regularly _________
Would be an asset to an academic club _________

Briefly describe any other important qualities this student possess which would or would not make them a viable candidate for an academic competition team.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Evaluating Teacher Signature: ________________________________  Date: __________