STEM Program

Teacher Recommendation Form

Sweetwater Middle School Sweetwater Middle School

3500 Cruse Rd NW,

Lawrenceville, GA 30044

Directions for Student:

- Each applicant must submit this recommendation from a current math, science, or Language Arts teacher.

Student's Full Name: _____

GCPS ID Number: _____

Current Grade: _____

RATING SCALE: 1 - Never 2 - Seldom 3 - Usually 4 - Always

1. _____ Demonstrates high interest and participation in mathematics.
2. _____ Demonstrates high interest and participation in science.
3. _____ Demonstrates ability to communicate ideas in written form.
4. _____ Shows desire and curiosity.
5. _____ Shows persistence when faced with reaching goals.
6. _____ Demonstrates skill in asking inquiry-type questions.
7. _____ Exhibits great organization skills.
8. _____ Reads a variety of materials.
9. _____ Utilizes consistently creative problem solving.
10. _____ Utilizes consistently higher cognitive thinking skills.
11. _____ Demonstrates well developed study skills.
12. _____ Demonstrates developmentally appropriate organizational skills.
13. _____ Completes assignments and projects on time.
14. _____ Works well independently.
15. _____ Works cooperatively in a group of peers.
16. _____ Maintains a positive attitude toward school and learning.
17. _____ Participates actively in class discussions.
18. _____ Demonstrates and utilizes leadership skills.
19. _____ Demonstrates appropriate school conduct.
20. _____ Needs little to no re-direction (higher score means less or no direction).

In what capacity do you know this student?

A. Math Teacher
B. Science Teacher
C. Language Arts Teacher

Teacher Name (Print): Teacher Signature: Date:

Please return this STEM letter of recommendation to Dr. Porter.