LETTER OF RECOMMENDATION

1. Applicant'	s Name:
2. Recommer	nder's Name:
3. Recommer	nder's Position and Affiliation:
4. Recommer	nder's Email:
5. Recommer	nder's Phone No:
6. Questions	for the Recommender:
	hat is your relationship to the applicant?
0	Supervisor
	Colleague
	Mentor
0	Other (Please specify)
	ow Long have you known the applicant?
	Less than 1 Year
	1-3 Years
	4-6 Years
0	More than 6 Years
6c. Ho	ow would you rate the applicant's work ethic?
0	Exceeds expectations
	Consistently meets expectations
	Occasionally meets expectations
0	Does not meet expectations
6d. H	ow would you rate the applicant's motivation to promote STEM education?
	Extremely Motivated
0	Highly Motivated
0	Motivated
0	Not Motivated
	ow would you rate the applicant's ability to collaborate with others on
projec	
0	Excellent team player, actively contributes
0	Cooperative, works well with others
0	Can sometimes struggle with collaboration

o Prefers to work independently

6f. Ho	w would you rate the applicant's ability to complete a project on time?
0	Excellent
0	Good
0	Fair
0	Poor
6h. He writte	ow would you rate the applicant's communication skills, both oral and n?
0	Excellent
0	Good
0	Fair
0	Poor
6i. Ov	erall, do you recommend the applicant for the program?
0	Strongly recommend
0	Recommend without reservation
0	Recommend with reservation
0	Do not recommend
Sign	Name (Please Print) Date
	Supervisor's Certification (to be completed by Supervisor only)
I certify t	hat(applicant name) is currently employed
	(school name) in(ISD name).
	t teaches(subjects names) at(grade levels).
Additiona	ally, I intend to be supportive of the implementation of course module(s)
developed du	ring the program in (applicant name)'s classroom.
Signati	Name (Please Print) Date