STUDENT RECOMMENDATION FORM

This form must be completed by a science teacher. It may be returned with the application form, or separately. Review of applications and recommendation forms will begin Tuesday, April 1, 2016.

Student's Name: ____________________________________________
Teacher's Name: ____________________________________________
Subject(s) taught: ___________________________________________
Name of School: _____________________________________________
Teacher's Telephone: _________________________________________

Please check the boxes below to indicate your evaluation of this student in each component of behavior.

<table>
<thead>
<tr>
<th>Component</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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</thead>
<tbody>
<tr>
<td>MOTIVATION</td>
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<tr>
<td>INQUISITIVENESS</td>
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<tr>
<td>DEPENDABILITY</td>
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<td>PROMPTNESS</td>
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<tr>
<td>CLASSROOM BEHAVIOR</td>
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<tr>
<td>SOCIAL SKILLS</td>
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</tbody>
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Please provide any further comments in the space below.

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Teacher's Signature ____________________________________________ Date __________

Please return to: Dr. Ronald C. Miller
Department of Engineering & Physics
University of Central Oklahoma
100 N. University Drive
Edmond, OK  73034