Student Name:			
Last		First	Middle
Gender: Female Male	School Name: _		

## IU JIM HOLLAND SUMMER ENRICHMENT PROGRAM TEACHER RECOMMENDATION FORM

(Please fill in PDF documents, print, and sign before mailing.)

The student who has provided you this form is applying for participation in the Jim Holland Summer Enrichment Program on the Indiana University Bloomington campus. Students being considered for participation are currently in grade 8, 9, or 10, have a sincere interest in science and in attending college or a university, and are academically on track to do so. They should have a *minimum* GPA of 3.0 (non-weighted).

The application process requires recommendations from two (2) teachers who are capable of judging the academic promise of the student. Please complete the following for this student:

- Evaluation Form
- A personal letter of recommendation

Please return the evaluation form **and** the separate recommendation in a **sealed envelope**, with your **signature written across the sealed flap**, in time for the student to meet the following **deadline of Aril 10, 2015**. The sealed envelope should be given to the student or mailed directly to: **PLEASE DO NOT FAX OR EMAIL DOCUMENTS**.

Indiana University Department of Biology
Attn: Jim Holland Summer Enrichment Program Selection Committee
1001 East Third Street / Jordan Hall 326
Bloomington, IN 47405-3700

Late forms and letters will eliminate the student from consideration.

How long have you known the applicant?

Please provide the following information:

Teacher Name (Please Print)

School Name

School Address:

Street Name and Number

City

State

Zip Code

Phone Number: \_(\_\_\_\_)

Email Address \_\_\_\_\_ Subject Area \_\_\_\_\_

Student Nam							
	Last		First		Mic	ldle	
Gender: 🗌 F	emale	e School Na	ıme:				
Teacher Evaluation Form: Place a check mark or "X" in the appropriate column for each statemer							
	Truly Exceptional	Outstanding	Well Above Average	Average	Below Average	No Basis for Judgment	
	(Top 1%)	(Top 10%)	(Top 25%)		(Lower 50%)		
Eagerness to learn							
General academic achievement							
Achievement in Science/Math							
Cooperative (works well with others)							
Ability to follow instructions							
Shows respect for adults							
Self-motivated; able to work independently							
Disciplined (focus on task a hand)	it 🗆						
Demonstrates innate curiosity							
Problem-solving skills	9 🗆						
Displays maturity							
Applicant's overall suitability for program: Please indicate the strength of your overall endorsement this applicant by placing a single "X" in one of the boxes:							
1	2	3	4	5	6		
Truly Exceptional (Top 1%)	Outstanding (Top 10%)	Well Above Average (Top 25%)	Average	Below Avera (Lower 50%)	ge No Basis fo Judgment		
Teacher Signa	ature				/ Date (mm/d	/ d/yyyy)	

tudent Name:  Last  First  Middle  Male School Name:  ter of Recommendation:  Thank you for agreeing to write a teacher recommendation for the over-mentioned applicant. Your recommendation will provide important information that will assist in our evaluation of the applicant. Please comment on qualities that the applicant has as it related is/her suitability for the program. Areas that might be addressed include: The benefits you feel dent would receive from this program and what he/she might contribute; personal qualities of the dent that might particularly recommend him/her for this program; any awards, special activities, jects that indicate talent and potential in the sciences; and any necessary explanation, if the dent's record does not seem to accurately reflect his or her abilities. We thank you for your rough, complete, and honest recommendation of this applicant.			
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	eacher Signature		// Date (mm/dd/yyyy)