

SEPTEMBER 24, 2009-MAY 20, 2010

SCIENCE TEACHER RECOMMENDATION FORM

Deadline for acceptance of completed application is April 30—September 4, 2009.

NAME OF APPLICANT

S.S.

_GRADE STATUS:(circle) 9 10 11 12

Please help us to evaluate the applicant's qualifications by answering the questions below as completely as you can. If you would like to include more information, please feel free to attach additional sheets.

PLEASE MAIL THIS FORM TO: Office of Institutional Diversity, The University of Toledo, Health Science Campus, 3045 Arlington Ave., Toledo, Ohio 43614-5805, Phone: 419-383-3438, Fax: 419-383-6450.

| PLEASE ASSESS THE APPLICANT'S ABILITIES BY CHECKING THE APPROPRIATE BOX | Excellent | Above Average | Average | Below Av- erage | No Opportunity to Observe |
|---|-----------|------------------|---------|--------------------|------------------------------|
| Willingness and ability to follow direc- tions | o | 0 | 0 | 0 | о |
| Is mature of judgment and in accepting responsibility | o | 0 | 0 | 0 | o |
| Possesses good work habits | 0 | 0 | 0 | 0 | 0 |
| Shows a definite interest in science | 0 | 0 | 0 | 0 | 0 |
| Shows enthusiasm in work | 0 | 0 | 0 | 0 | 0 |
| Quality of work is well organized, neat, accurate, etc. | o | 0 | 0 | 0 | o |
| Shows thoroughness in preparation | 0 | 0 | 0 | 0 | 0 |
| Is effective at presenting own ideas | 0 | 0 | 0 | 0 | 0 |
| Verbal skills Written skills | 0 0 | 0 0 | 000 | 000 | 000 |
| Is punctual and dependable | o | 0 | 0 | 0 | О |
| Can work independently of supervision | 0 | 0 | 0 | 0 | 0 |
| Ease at which applicant learns and applies new methods | o | 0 | 0 | 0 | o |
| Is cooperative and works well with others | o | 0 | 0 | 0 | o |
| Takes the initiative and can effectively meet day-to-day requirements | • | 0 | 0 | 0 | o |



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Toledo STARZ

SCIENCE TEACHER RECOMMENDATION FORM

TO THE BEST OF YOUR ABILITY PLEASE COMPLETE THE FOLLOWING ABOUT THE APPLICANT

- In your opinion, how would the applicant perform in a laboratory or clinical environment?
 O Irresponsibly
 O Responsibly
 O Very Responsibly
 O Exceptionally Well
- What do you see as the applicant's greatest strengths and weaknesses? ______
- Your class in which this applicant is enrolled:
- Scholastic initiative in your class (i.e. Top 1%, Top 3%, Top 5%, etc.):
- Applicant's behavior is:
 O Immature for Age O Normal for Age O Mature for Age O Very Mature for Age
- Teacher's Name: ______
- Your Teaching Position:
 - School: ______

School Address: _____

School Telephone: ______

Signature: ______Date: ______

Completed applications will be accepted **April 30—September 4, 2009** for full consideration. Please forward all application materials to: Manager of Diversity Programs Office of Institutional Diversity The University of Toledo 3045 Arlington Ave. Toledo, OH 43614-5805

Phone: 419.383.3438