

Please give this form to your math or science teacher to complete and return to you in order to submit your completed application.

**Please submit this form by
March 15, 2012 to:**

Dr. Jesse Thompson, Jr.
RAP I - Career Exploration
UIUC - College of ACES
1301 W. Gregory Drive, Rm 109
Urbana, IL 61801

Teacher Recommendation Form Research Apprentice Program University of Illinois at Urbana-Champaign

Student Name _____

Male

Female

Name of Teacher Recommending Student

Title

Department

Courses currently teaching Student

Level of performance in course
using rating scale below

Complete the following rating scale:

	<u>Excellent</u>			<u>Average</u>			<u>Poor</u>		
Completes assignments as required	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Shows creativity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Good group member	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Follows instruction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Asks good questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Good listener	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Accepts criticisms and suggestions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
Manages stress well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

I Recommend this student for RAP I:

Without Reservation

With Reservation

Comments: _____

Please give this form to your counselor to complete and return to you in order to submit your completed application.

**Please submit this form by
March 15, 2012 to:**

Dr. Jesse Thompson, Jr.
RAP I - Career Exploration
UIUC - College of ACES
1301 W. Gregory Drive, Rm 109
Urbana, IL 61801

Counselor Recommendation Form Research Apprentice Program University of Illinois at Urbana-Champaign

Student Name _____

Male

Female

Does applicant have special needs? YES
(if yes, attach a statement)

NO

_____ Ethnic / Racial Group

_____ Name of Counselor recommending student

_____ Title

_____ ()

_____ High School Name

_____ High School Phone Number

Part I: Academic Record

Current Classification: Freshman Sophomore Junior Senior

Approximate rank and class size (e.g. 30 of 406) _____ GPA _____

Part II: Rating

Complete the scale below. Please note that selected students must carry out independently assigned tasks, as well as work on group projects. The academic pace is demanding throughout the program. Self-discipline is important in work and living environments.

	<u>Excellent</u>			<u>Average</u>			<u>Poor</u>
Attendance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Interpersonal Relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

I Recommend this student for RAP I: Without Reservation With Reservation

Comments: _____

