

## Part D | Teacher Recommendation



*This form is being given to you because one of your students is applying for The Acorda Scientific Excellence Award.*

*This form needs to be filled out, printed and mailed to: Acorda Therapeutics, Inc., 420 Saw Mill River Road Ardsley, New York, 10502, Attention: Tierney Saccavino – Acorda Scientific Excellence Awards (student name)*

*All recommendation forms will kept confidential.*

### Teacher Information

Name	<input type="text"/>	Position/Title	<input type="text"/>
School Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Student's Name	<input type="text"/>	Title of Research Project	<input type="text"/>
How long have you known this student and in what capacity?	<input type="text"/>		

For the following questions please select a number and add comments.

*On a scale of 1 to 10 (10 being the highest ranking):*

What is the likelihood this student will continue studying science, technology, engineering, or mathematics (STEM)?

1  2  3  4  5  6  7  8  9  10 (mark one)

Comments:

What is the likelihood that this student will make a significant contribution to STEM in the course of his/her career?

1  2  3  4  5  6  7  8  9  10 (mark one)

Comments:

How would you rate the character and ethics of this student?

1  2  3  4  5  6  7  8  9  10 (mark one)

Comments:

Part D | Teacher Recommendation



How would you rate the student's ability to present their research to a general audience?

1  2  3  4  5  6  7  8  9  10 (mark one)

Comments:

Please feel free to add any additional comments about this student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_