

TEACHER RECOMMENDATION FORM

Student Name: Last _____ First _____ MI _____

School: _____

Please evaluate the student listed above by completing the following information:

Ranking Scale:

5 = Exceptionally High

4 = Above Average

3 = Average

2 = Below Average

Ability and Personality Traits

	5	4	3	2
Personal Integrity				
Social and Emotional				
Ability to Work with Peers				
Ability to Work with Teachers				
Leadership Qualities				
Oral Communication Skills				
Writing Skills				
Creativity				

Indicate strength of your overall endorsement by checking the appropriate box:

Highly Recommended

Recommended

Recommended with Reservation

Not Recommended

Please write additional comments that will aid in assessing the student's qualifications:

Signature of Teacher _____ Date _____

Course Area _____

Please return the completed form to:

Helen P. Buggs

National Oceanic and Atmospheric Administration

1315 East West Highway, Suite 10509

Silver Spring, Maryland 20910

COMPLETED APPLICATION PACKAGE MUST BE RECEIVED BY MAY 24, 2010

**COUNSELOR RECOMMENDATION FORM
AND TRANSCRIPT REQUEST**

Student Name: Last _____ First _____ MI _____

School _____ Grade _____

Please describe any exceptional talents or skills which the student has exhibited.

Has the student had any disciplinary action taken against him/her by the school?

YES NO

If yes, please describe briefly the reasons for the disciplinary action.

Student's most recent academic transcript attached.

YES NO

If no, please explain.

Signature of Counselor _____ Date _____

Please return completed form with transcript to:

Helen P. Buggs
National Oceanic and Atmospheric Administration
1315 East West Highway, Suite 10509
Silver Spring, Maryland 20910

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