

**Space Telescope Science Institute
High School Research Mentor Program Application
Teacher Recommendation Form**

Student Name: _____ Current Grade: _____

Academy or Program (if applicable): _____

Teacher: _____

Recommending teacher must fill in this part:

Student Qualities	Superior	Above Average	Average	Below Average	Poor
1. Follows directions					
2. Leadership					
3. Initiative					
4. Reliability					
5. Trustworthiness					
6. Punctual with assignments					
7. Interacts well with adults					
8. Interacts well with peers					
9. Overall rating					

Recommendation (Please check one):

- ☐ Recommend enthusiastically
☐ Recommend
☐ Recommend with reservations (Please explain in comment section.)
☐ Not recommended (Please explain in comment section.)

Additional Comments: (use another page if additional space is needed):

Teacher/Staff Email: _____ Date: _____

Teacher Subject area: _____