



Teacher Evaluation for Student

Instructions to student: Please complete the top section of this form, then give it to the math or science teacher whom you indicated on your application would complete your evaluation.

Student's Name: _____ Grade: _____

School: _____ Camp (circle one): Middle School Biology Chemistry Physics

Instructions to teacher: The above-named student is applying to attend a science enrichment camp at UT Southwestern Medical Center this summer. Please complete the following evaluation and return it to us by e-mail (STARSmal@utsouthwestern.edu), or by fax (214-648-9508). The application deadline is April 1. All evaluations must be received by that date.

Teacher Name: _____ Email address: _____

Position: _____ Course you currently teach this student: _____

Please place an "X" in the appropriate column for each characteristic listed:

Characteristic Outstanding Above Average Average Below Average No Basis to Judge

Math Aptitude					
Science Aptitude					
Initiative/Independence					
Emotional Maturity					
Motivation/Drive					
Behavior in Class					
Class participation					
Teamwork					
Leadership					
Attendance/Punctuality					

Please provide any additional information (not reflected above) that you would like to share with the selection committee:

Signature: _____ Date: _____