

CBESS Teacher / Counselor Recommendation Form I

Please give this form to a current tea	icher or counselor at	t your school to	o complete.		
Student's Name:					
Current Grade Level:	High S	School:			
Teacher / Counselor's Name:		Teacher	/ Counselor's S	Signature: _	
Teacher / Counselor's Email:					
How long have you known the applic	Today's Date:				
What content area do you teach?					
The above student is applying to the to the following will help us determing the terminal keep the recommendation confident letter to his/her Application Packet. Please check the qualities, which is the confident letter to his/her Application Packet. Please check the qualities, which is the confident letter to his/her Application Packet. () Participates regularly in class of the confident letter in learning and () Is punctual and completes assis () Capable of performing at higher () Demonstrates leadership abiliting () Is organized and uses time effect () Is responsible, self-directed and () Has a desire to pursue education of the confident letter in the confident letter is applying to the confident letter in the confident letter	ne if the candidate vitial, you may fax, or coest describe the coest describe the coest describe and active seeks academic chargements on time er personal and acacies ectively d can work indeper	vill benefit from mail us your le pommitment, to vities allenge demic level andently	n the CBESS pr tter. Otherwise	ogram. If you e, the student	would prefer to may attach the
Please evaluate the student's Attendance / Tardiness: Classroom Attitude:	-		_	_	
Class Work:	excellent	good	fair	poor	inconsistent
Classroom Behavior:	excellent	good	fair	poor	inconsistent
Social Skills:	excellent	good	fair	poor	inconsistent
Work Ethic:	excellent	good	fair	poor	inconsistent
Motivation:	excellent	good	fair	poor	inconsistent

Based on my experience with the applicant, my recommendation to the CBESS Program is as follows:
() Highly Recommend () Recommend with Reservation () Do Not Recommend
Please describe why this student would benefit from the CBESS program.
Please describe the commitment of the student and his/her family to academic success.
Additional comments or information you'd like to share about this student.
Please fax or mail this recommendation to:
Raggio Research Center for STEM Education c/o CBESS
University of Nevada, Reno M/S 0432
Reno, Nevada 89557
Phone: (775) 682-7877



Fax: (775) 327-2016