

LaPREP Teacher Nomination Form

June 2 – July 16, 2010

Dear Teacher:

The information you provide is extremely important to our participant selection. Your responses are kept in strict confidence. Please fax or mail separately (student should provide postage) to:

Dr. Carlos G. Spaht, II
Director, LaPREP
Department of Mathematics
LSU-Shreveport
Shreveport, LA 71115
Fax: 318-795-4221

Student's Last Name First Name Middle Initial School Name

Please rate the student in the following areas:

Quality	Excellent	Good	Fair	Poor
Scholarship				
Seriousness as a student				
Interest in science				
Interest in mathematics				
Ability to successfully complete a long-term project				
Ability to work well with peers				
Ability to work independently				
Industry/Motivation				
Willingness to cooperate				
Behavior				
Respect for adults				

Please provide us with your opinion about this student's potential to succeed in this program. Please note any special considerations of which you feel we should be aware.

In summary, applicant is:

Highly Recommended _____

Recommended _____

Questionable _____

Not Recommended _____

Print Name

Position

Signature