LaPREP

May 29 - July 13, 2007

TEACHER NOMINATION FORM

Dear Teacher:

Your time and effort in answering the following questions is greatly appreciated. All information collected is kept in strict confidence.

1._____

STUDENT'S LAST NAME FIRST NAME MIDDLE NAME

2. _____

NAME OF SCHOOL

3. Please rate the student in the following areas:

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

4. 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.

5. In summary, applicant is

Highly Recommended_____ **Recommended**_____ **Questionable** _____

Not Recommended _____

6._____

PRINT NAME POSITION

_____

SIGNATURE