Recommendation Form
(To be completed by Applicant’s Teacher)

Student/Camper’s Name __________________________________________

1. Rate the student on evidence you have seen of **academic potential**. Circle your rating on the scale below (1 = lowest; 10 = highest).

   1   2   3   4   5   6   7   8   9   10

   Please add comments to elaborate on your rating:
   ____________________________________________________________________
   ____________________________________________________________________

2. Rate the student on evidence you have seen of **computer interest**. Circle your rating on the scale below (1 = lowest; 10 = highest).

   1   2   3   4   5   6   7   8   9   10

   Please add comments to elaborate on your rating:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

3. Rate the student’s ability to work in a group (1 = lowest; 10 = highest).

   1   2   3   4   5   6   7   8   9   10

   Please add comments to elaborate on your rating:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

4. Rate the student’s ability to work independently (1 = lowest; 10 = highest).

   1   2   3   4   5   6   7   8   9   10

   Please add comments to elaborate on your rating:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

5. Please comment on the student’s maturity.

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

6. Please make additional comments that would be useful to the selection committee.

   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

Teacher’s Information

Teacher’s signature____________________ Date signed: ____________________

School _____________________________ Email Address __________________________