

Health Careers Opportunity Program
Mr. & Ms Wizard Program 2005

Teacher Recommendation

Students Name: _____

Teacher: _____ Name of Course: _____

The above applicant has applied for participation in the Mr.& Ms Wizard Program. We desire to obtain a candid opinion of the applicant's ability to participate in science and math enrichment activities. Please circle the appropriate rating and make additional comments as necessary.

Student Rating: 5 – excellent, 4 – good, 3 – average, 2 – poor, 1 – unsatisfactory

1. **Interest** (attentiveness in class, followed directions, asked questions)

5 4 3 2 1

2. **Motivation** (desire to learn, punctuality, completing assignment)

5 4 3 2 1

3. **Conceptual Understanding** (knowledge of material, understanding, main ideas, ability to solve problems)

5 4 3 2 1

4. **Efficiency** (completing projects on time, use materials wisely, general use of time)

5 4 3 2 1

5. **Responsiveness in Class** (ask questions, makes appropriate comments, pays attention)

5 4 3 2 1

6. **Communication** (ability to communicate effectively in oral or written fashion)

5 4 3 2 1

7. **Cooperation** (works well with others, share ideas, age appropriate self-control)

5 4 3 2 1

Comments: _____

Teacher Signature

Date