

SSTP Recommendation Form

Student's Last Name _____

First Name _____

Middle Name _____

TO THE STUDENT: Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see your recommendations for admission. Please indicate below (by checking the appropriate box and signing your name) whether or not you wish to waive this right.

- I waive my right of access to this recommendation form
- I do not waive my right of access to this recommendation form

Student's Signature _____

Date _____

TO THE RECOMMENDER: You have been asked to provide a recommendation for the student named above for the Secondary Student Training Program. Please be sure to fill out both sides of the form. We appreciate your cooperation in helping us evaluate his or her qualifications. Please use this form and do not substitute another one in its place. Please be sure the student has read the information at the top of this form.

A relatively small number of students will be selected for the program from a large pool of highly exceptional candidates. We anticipate that a number of students will have excellent standardized test scores and records of achievement. Any specific information you can provide on the basis of your personal experience with this student will therefore be essential to the selection process. Your candid, honest responses are greatly appreciated.

Your Name _____ Position/Title _____

Work Address _____

Work Phone _____ e-mail _____

Relationship to candidate _____

Approximate length of time you have known candidate _____

Please relate your responses specifically to the student's ability as compared to students of similar age and grade level by checking the appropriate box for each area:

Personal Qualities	Outstanding	Excellent	Good	Fair
Social/Emotional Maturity				
Ability to get along with others				
Independence				
Peer Compatibility				
Self-Discipline				
Honesty/Integrity				
Reaction to Criticism				
Acceptance of Setbacks				
Common Sense				
Willingness to live within rules				
Seriousness				
Enthusiasm				

Academic Abilities	Outstanding	Excellent	Good	No observation
Math Ability				
Science Ability				
Creativity				
Intellectual Curiosity				
Written Expression				
Oral Skills				
Study Habits				
Ability to work independently				
Ability to work in groups				
Ability to assume responsibility				
Experimental techniques				
Diligence in completing assignments				

Does the student go "above and beyond the normal call of duty"? Please explain.

Have you ever had any disciplinary problems with this student? Has the student ever been disruptive in class?

No _____ Yes _____ (If yes, please explain.)

Do you believe this student would perform well in a residential setting where social maturity and individual responsibility would be essential for the success of the experience? Please provide descriptive evidence to support your response.

What additional information can you provide us that would help us give this candidate full consideration? (You may attach a separate sheet if necessary.)

Your overall recommendation:

Very Highly Recommend Highly Recommend Recommend Recommend with Reservation

Signature _____

Date _____

After completion please return this form to:

Iowa SSTP
The University of Iowa
E203 SSH
Iowa City IA 52242