Recommendation Form
Capitol Region Education Council/Saint Joseph College Summer Institutes
July 5 – 31, 2009

Student: Complete the top portion of this recommendation form, and give it to your teacher, counselor or other evaluator for completion.

_____ _____ _____
Student School City/Town

Indicate 1st, 2nd, and 3rd choices you are applying for:

__ American Politics __ Biotechnology ___ Global Studies ___ Health and Medical Science

Please evaluate this student for participation this summer in the CREC/SJC summer institutes. Please keep in mind that students live on campus Sunday through Friday and that the course is taught at the level of an introductory college course.
Form Due No Later Than: May 1, 2009.

How long have you known this applicant? _____ In what capacity? _____

	Excellent	Good	Average	Fair	Poor	Unable to Observe
1. Maturity	☐	☐	☐	☐	☐	☐
2. Dependability	☐	☐	☐	☐	☐	☐
3. Emotional stability	☐	☐	☐	☐	☐	☐
4. Relations with teachers	☐	☐	☐	☐	☐	☐
5. Relations with peers	☐	☐	☐	☐	☐	☐
6. Cooperation	☐	☐	☐	☐	☐	☐
7. Accuracy of work	☐	☐	☐	☐	☐	☐
8. Quality of work	☐	☐	☐	☐	☐	☐
9. Works well without supervision	☐	☐	☐	☐	☐	☐
10. Care of books, materials, equipment	☐	☐	☐	☐	☐	☐
11. Observance of rules	☐	☐	☐	☐	☐	☐
12. Work ethic	☐	☐	☐	☐	☐	☐
13. Integrity	☐	☐	☐	☐	☐	☐
14. Intellectual curiosity	☐	☐	☐	☐	☐	☐

Applicant is:
☐ highly recommended ☐ recommended ☐ recommended with qualification* ☐ not recommended*

*Additional Comments:

_____

_____

_____

_____ _____ _____ _____
Evaluator's Name (Printed) Signature Telephone Number Date

Please return this form directly to:
Kathy Randall
CREC Interdistrict Grants Program
111 Charter Oak Avenue
Hartford, CT 06106

CREC does not discriminate on the basis of race, creed, color, religion, age, sex, national origin, marital status, genetic information or disability.