Recommendation Form
Capitol Region Education Council/Saint Joseph College Summer Institutes
July 5 – 29, 2011

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 and 2nd choices you are applying for:

__ Biotechnology ___ Health and Medical Science ___Introductory Psychology ___Political Psychology

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 9, 2011.

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 Grant Programs
111 Charter Oak Avenue
Hartford, CT 06106

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