



SCIENCE OLYMPIAD TEACHER RECOMMENDATION FORM

Students, please give this form to your science or math teacher ASAP. It must be completed and turned in by your teacher no later than **Friday, October 15.**

Student Name: _____ Grade _____

Science, PLTW, Math Teacher Completing Form

Would you recommend this student for Science Olympiad? Yes / No

Why or why not? _____

Please rate the following for this student (please place an "X" in one response per statement):

| | Disagree | Agree | Strongly Agree |
|---|----------|-------|----------------|
| Student works well on a team | | | |
| Student demonstrates a clear knowledge of science or math | | | |
| Student enjoys challenges, puzzles or research | | | |
| Student is able to follow directions | | | |
| Student completes assignments | | | |
| Student is responsible | | | |

Science or Math Teacher Signature _____ Date _____

Teachers, please place in Mr. Kill's mailbox by Friday, October 22.