**Teacher Recommendation Form**

**To the applicant:** Please type or neatly print your name and sign below. Then give this form to a science or math teacher who knows you well enough to assess your ability to participate in STEPPING STONES, along with an envelope marked “Recommendation Form.” In addition, request your designated teacher to seal the completed form in the envelope and sign across the seal. Please do not open or damage the seal. You or your teacher can mail it to us at:

Women In Engineering – SSTYF Recommendation Form  
1131 Glenn L. Martin Hall  
College Park, MD 20742

“I hereby waive any rights I may have to examine this confidential information.”

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
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Signed: ___________________________ Date: __________/________/_______

(Signature of student applicant) (Month) (Day) (Year)

**NOTE:** Our camp is a summer program for all students who are interested in science, engineering, and math and will be entering either the seventh or eighth grade. We will consider students who are not reaching their full potential academically. For these students, we will try to use the camp as a medium for motivating the individual. If this is the case, please explain in detail how the student can benefit from participating in this program. Recommendations may not be submitted by family members or relatives.

1. **How long (in what capacity) have you known the applicant?** If you have any knowledge of any advanced experiences the applicant has had with science, engineering, or math, please indicate the nature of these experiences and your assessment of these experiences.

2. **Please rate your impression of the applicant for the following statements:**

   1 = Poor  
   2 = Average  
   3 = Good  
   4 = Outstanding  
   N/A = Unable to Judge

   a. Level of maturity and emotional stability _________
   b. Sensitivity to needs and feelings of others _________
   c. Willingness to accept direction and/or supervision _________
   d. Interest in science, engineering, or math _________
   e. Commitment to his or her education _________
   f. Ability to get along with others _________
   g. Ability to work in teams or groups _________
   h. Behavior on a typical day _________
3. What do you consider to be the applicant’s major weakness as a potential participant in the STEPPING STONES program?

4. What do you consider to be the applicant’s major strength as a potential participant in the STEPPING STONES program?

5. Summary of Evaluation

________ I do not recommend this applicant for admission.

________ I think that the applicant’s qualifications are marginal, but if admitted, the applicant would greatly benefit from participating in the program.

________ I do recommend this applicant for admission and without reservation.

________________________________________________________________________

Name                                           Title

________________________________________________________________________

School Name

________________________________________________________________________

Phone Number                          Email address

Signed: ___________________________                     Date:______ / _____ / ______

Signature of teacher

**Note**: Please feel free to attach a letter with this form to provide additional information about the applicant. Don’t forget to seal the envelope and sign across the seal. Thank you!