RECOMMENDATION

TO BE COMPLETED BY A TEACHER OR OTHER ADULT RECOMMENDING THE STUDENT. USE THIS FORM ONLY. FORM MUST BE COMPLETED ELECTRONICALLY, NOT HANDWRITTEN. DO NOT SUBSTITUTE WITH OR ATTACH A LETTER OR OTHER DOCUMENT.

Upon completion of this recommendation, place it in a SEALED ENVELOPE and deliver it to either the student or an appropriate school official.

Student's Name: _____ Nomination Discipline: choose one

School: _____ School System (if applicable): choose one

Your Name: _____ Role or Connection to Student: _____

Phone Number or Email Address: _____

Subjects you have taught this nominee, if you are a teacher (preferably in the student's nomination discipline):

9th grade: _____

10th grade: _____

11th grade: _____

How long have you known this student? _____

DIRECTIONS: In Sections A & B choose the numbers that indicate your perception of this student. Please elaborate in the space provided. We are interested in knowing what is unique about this student. In Section C answer the questions and elaborate.

N/A = NOT APPLICABLE/AWARE	1 = POOR	2 = ACCEPTABLE	3 = GOOD	4 = VERY GOOD	5 = SUPERIOR

A. What do you consider this student's particular strengths, weaknesses, and potential as a student?

To what degree does this student demonstrate:

1. High level of interest in and commitment to the subject of nomination	N/A	1	2	3	4	5
2. High level of ability in this subject	N/A	1	2	3	4	5
3. Openness to new ideas and challenging material	N/A	1	2	3	4	5
4. Ability to synthesize ideas	N/A	1	2	3	4	5
5. Ability to grasp underlying principles	N/A	1	2	3	4	5
6. Capacity to examine multiple ideas or solutions to problems or questions	N/A	1	2	3	4	5
7. Ability to work constructively on a task with independence and commitment for an extended period of time	N/A	1	2	3	4	5
8. Capacity and willingness to examine assumptions	N/A	1	2	3	4	5
9. Work of high quality	N/A	1	2	3	4	5
10. Creativity	N/A	1	2	3	4	5
11. Motivation	N/A	1	2	3	4	5

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

CONTINUED

Student's Name: _____

RECOMMENDATION continued

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B. How would you evaluate this student's stability, character, maturity, and attitude towards peers, teachers, and others?

To what degree does this student demonstrate:

1. Cooperation with teachers and others	N/A	1	2	3	4	5
2. Honesty, helpfulness, and consideration of others	N/A	1	2	3	4	5
3. Ability to listen to and interact with classmates	N/A	1	2	3	4	5
4. Empathy for other classmates	N/A	1	2	3	4	5
5. Social and emotional maturity	N/A	1	2	3	4	5
6. Individual responsibility	N/A	1	2	3	4	5
7. Potential for growth	N/A	1	2	3	4	5
8. Adaptability in new situations	N/A	1	2	3	4	5

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

C. Are you confident that this student:

- is inquisitive, serious, and flexible enough to entertain speculative questions and to push intellectual boundaries? YES ☐ NO ☐ UNSURE ☐
- can independently function at a high level for five and one-half weeks away from home in a challenging academic and residential environment? YES ☐ NO ☐ UNSURE ☐

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

_____ _____ _____

SIGNATURE (ELECTRONIC NOT ALLOWED) DATE TITLE

THE INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE READ ONLY BY PERSONS RESPONSIBLE FOR STUDENT SELECTION AND GOVERNOR'S SCHOOL FACULTY AND STAFF.

Upon completion of this recommendation, place it in a SEALED ENVELOPE and deliver it to either the student or an appropriate school official.