

Counselor Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

This recommendation should be returned to the **high school counselor** by **March 10, 2010**. Call Ginny Howell at (405) 222-7553 with any questions (Email: howellg@cvtech.org). Thank you for your assistance.

To the best of your ability, please check all that apply:

- Foster Home
 Poor social skills
 Learning deficit/disability
 IEP
 Poor self-image
 Single Parent Family
 Poor communication skills
 Lack of cultural environment

Please specify learning deficits or disabilities: _____

Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgment
Academic Achievement					
Relation of Achievement to ability					
Math Skills					
Reading Skills					
Science Skills					
Class Participation					
Work Habits					
Cooperates with School Staff					
Cultural Awareness					
Attendance/punctuality record					
Relates well with peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					

Additional Comments: _____

Length of time you have known this student: _____

Guidance Counselor Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

English Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

This recommendation should be returned to the **high school counselor** by **March 10, 2010**. Call Ginny Howell at (405) 222-7553. (Email: howellg@cvtech.org). Thank you for your assistance.

Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgment
Expresses interest in academic endeavors					
Academic Achievement					
Relation of Achievement to Ability					
Writing Skills					
Reading Skills					
Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

Math Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

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Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgment
Expresses interest in academic endeavors					
Academic Achievement					
Relation of Achievement to Ability					
Writing Skills					
Reading Skills					
Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

Science Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

This recommendation should be returned to the **high school counselor** by **March 10, 2010** Call Ginny Howell at (405) 222-7553. (Email: howellg@cvtech.org). Thank you for your assistance.

Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgment
Expresses interest in academic endeavors					
Academic Achievement					
Relation of Achievement to Ability					
Writing Skills					
Reading Skills					
Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____