

Teacher Recommendation Form

Complete this form and return to EHS via email at labsafe@gmu.edu or by fax at 703-993-8389. A copy of this form should also be submitted to the appropriate Principal Investigator/Laboratory Supervisor.

Recommendation For:

SECTION 1 - RECOMMENDER/EVALUATOR INFORMATION

Name **Phone** **Email**

Name of School

What courses have you taught this student?

SECTION 2 - EVALUATION

Please provide your evaluation of the student in the following areas:

Quality	Rating*	Comments
Academic ability	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Ability to follow instruction and work with others	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Safety and work habits	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Maturity, dependability and responsibility	1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

* 1 = Below Average, 5 = Exceptional

Additional comments for consideration:

Signature: _____ **Date Completed:** _____