AI Summer Camp

Teacher Recommendation – AI Summer Camp Only
Please return this completed recommendation to:
STEM@ucf.edu

Form should be scanned and sent directly from teacher's professional email account.

Parent: Complete the top portion of this form, then have the student's math OR science teacher complete the rest.

Student Name: Last _____ First _____ MI _____

Parent/Student Email: _____ Parent/Student Phone: _____

School Name: _____

City: _____ County: _____ State: _____

I authorize the teacher to provide the requested information to the Summer Institute at the University of Central Florida

Parent Signature: _____ Date: _____

Teacher: Please complete and send the form directly to STEM@ucf.edu. Forms should be sent from your professional email account.

	Always	Almost Always	Sometimes	Almost Never	Never
Does the student listen/follow directions?					
Does the student work well with others?					
Does the student exhibit a desire to learn?					
Does the student complete his/her work in a timely manner?					
Will the student benefit from this program?					

Please elaborate on the student's intellectual capability, performance and accomplishments. If needed, add any additional comments on a separate sheet.

Teacher Name: _____

Phone: _____ Email: _____

Class taught: _____

Signature _____ Date _____