

# GOOSE CREEK CISD JUNIOR ROBOTICS TEACHER RECOMMENDATION PACKET

**Directions to the Student:**

Separate this packet (page 1 & 2) from the rest of the application. Give this packet to one of your *previous teachers*. This completed packet must be returned to Carol Mitchell (administration building) by Tuesday, September 25.

Student Name\_\_\_\_\_

**Directions to the Teacher:**

The student named above is applying for selection to one of the GCCISD junior robotics teams. You have been selected by the student to submit your comments regarding the student's qualifications for the team.

Please complete the information on page 2 and return this packet promptly.

**Please do not give the packet back to the student.** Return this packet directly to Carol Mitchell at the GCCISD Administration Building ([cemitchell@gccisd.net](mailto:cemitchell@gccisd.net) or fax to her attention at 281-420-4447).

In order for the student's application process to be complete, the recommendation packet must be returned by Tuesday, September 25.

If you have any questions, please contact me at 281-421-3353.

Thank you for your cooperation and assistance.

Student Name \_\_\_\_\_

1. How long have you known the applicant? (years & months)
2. Under what circumstances have you known the applicant?
3. How would you assess the applicant's potential success in working with other students to research, design, construct, and present a project?
4. Please complete the rating grid by evaluating the applicant in relation to other students you have known in a similar capacity.

	<b>EXCELLENT</b> (Upper 10%)	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>NO BASIS FOR JUDGMENT</b>
Problem Solving Skills					
Ability to work with others					
Initiative and Leadership					
Classroom Behavior					
Research Skills					
Writing Skills					
Speaking Skills					

I would (check one)

- ☐ strongly recommend  
☐ recommend  
☐ recommend with reservation  
☐ not recommend

that the applicant be selected for one of the GCCISD junior robotics teams.

**Teacher Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_