# Summer Residential Governor's Schools

2025-2026 Application

Program Area: ACADEMIC/MENTORSHIP

## Teacher Rating Scale (Recommendation A)

This recommendation must be completed by a teacher in the student's area of interest who can assess their current abilities; preferably who has taught the student in a course closely related to the selected program.

Teacher's Name  Email Address  School Phone  Applicant Name

| **Rate the applicant's demonstration of the qualities listed below.** | **Outstanding** 2 points | **Above Average** 1 point | **Average** 0 points |
|---|---|---|---|
| Motivation and initiative | ☐ | ☐ | ☐ |
| Intellectual curiosity | ☐ | ☐ | ☐ |
| Independence of thought | ☐ | ☐ | ☐ |
| Originality of ideas | ☐ | ☐ | ☐ |
| Use of higher-level thinking skills | ☐ | ☐ | ☐ |
| Attitude toward learning | ☐ | ☐ | ☐ |
| Ability to contribute to a group process | ☐ | ☐ | ☐ |
| Willingness to accept ideas of others | ☐ | ☐ | ☐ |
| Emotional stability, maturity, and self-discipline | ☐ | ☐ | ☐ |
| Cooperative behavior | ☐ | ☐ | ☐ |
| Respect and tolerance for the views of others | ☐ | ☐ | ☐ |
| Openness to new ideas | ☐ | ☐ | ☐ |
| Rate this student's ability in your course or subject area | ☐ **Top 1%** | ☐ **Top 10%** | ☐ **Top 50%** |

**Total Score:** 0

Please list the course(s) or program(s) of study the student completed under your supervision, including the year(s).

Acknowledgement of Adult ( full name and date)

*This form must be completed by the teacher/adult and returned directly to the school or division contact, not through the applicant. Follow the school or division's specific deadlines and procedures for submitting this recommendation.*

Clear Form