TEACHER RECOMMENDATION FORM Fort Detrick USAMRIID Student Intern Program

Name of Student:
Name of Teacher:
eacher's Phone:
eacher's Email:
ubject Taught:

To the Student: This form should be given to two or three of your teachers to whom you are assigned this year or last year.

To the Teacher: The student forwarding this recommendation form is applying for an Internship at USAMRIID. The interns will experience the basic methods of science research through "hands on" laboratory training. Students will be expected to perform their assigned duties for three (3) hours per day throughout the school year.

It is essential in our selection process that you provide us with your candid assessment of the student. Please give this form to the student in a sealed envelope when you have completed it or no later than January 9, 2017. Thank you for your time and input to help students applying for this competitive internship opportunity.

	Outstanding	Above Average	Average	Below Average
Quality of Work				
Ability to Work Independently				
Ability to Relate to Others				
Oral Communication Skills				
Written Communication Skills				
Creative Ability				
Self-Motivation				
Problem Solving Ability				
Organizational Skills				
Attendance				
On-time to class/school				
Timely submission of assignments				
Initiative				

If you wish to, please comment on any of the above ratings:

	vide written comments regarding the student in each of the following areas: (Additional letter or t is also welcome.)
1. Des	scribe how this student handles a difficult or challenging task.
	w and/or when does the student go beyond your class assignments in seeking information relative to 'her school projects?
	nat personality characteristics does this student have that will allow him/her to hand a special ependent project? Please give a specific example.
4. Pro	 vide an example of each of the following pertaining to this applicants' performance. A strength that makes this applicant a strong candidate A weakness that may impede their performance
Te	eacher Signature Date