

TEACHER RECOMMENDATION FORM
Fort Detrick USAMRIID
Student Intern Program

Name of Student: _____

Name of Teacher: _____

Teacher's Phone: _____

Teacher's Email: _____

Subject 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:

Continued>>>>

