



2011 Summer for Sickle Cell Science Program
Postmark Deadline: April 1, 2011
Teacher Reference form

To be completed by the applicant

NAME OF APPLICANT:		(Last)	(First)	(Middle)
NAME AND TITLE OF RECOMMENDER:				
SCHOOL:				

*Instructions to Recommender: Thank you for your valuable input regarding your student. Please complete this form and forward **directly** to the University of Miami (address below) in a sealed envelope with your signature across the seal. It should not be returned to the student. References must be postmarked by April 1, 2010.*

1. For how long and in what context(s) have you known the applicant?

2. In what academic subjects have you taught the applicant?

Course: _____ Grade Level: _____ Grade Earned: _____

Course: _____ Grade Level: _____ Grade Earned: _____

Course: _____ Grade Level: _____ Grade Earned: _____

3. The number and rigor of science courses taken by the applicant are an important selection criterion for the program, in addition to the applicant's success in these courses. Please briefly explain any limitations on the number and type of science courses that students at your school may take, and, to the extent that you are able, compare this applicant's science coursework to what is typical for other similar students of his/her grade level.

10. Please rate the applicant in each of the following categories:

	No Basis For Judgement	Below Average	Good (Average)	Excellent (Above Average) (Top 10%)	Outstanding (Top 5% of my career)
Initiative/Motivation					
Intellectual Curiosity					
Oral Communication					
Written Communication					
Creativity					
Energy					
Self-Confidence					
Leadership/Influence					
Responsibility					
Integrity					
Concern for Others					
Warmth of Personality					
Sense of Humor					
Emotional Maturity					

11. Please provide a summary evaluation of this applicant's promise as compared to other students you have taught.

	Below Average	Average	Good (Above Average)	Outstanding (Top 5%)	Top Few of My Career
Academic					
Personal					
Overall					

Signature: _____

Date: _____

Telephone Number: _____

Email address: _____

References should be mailed **directly** to:

Wendy E. Sulc, Ph.D.
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 Mailman Center for Child Development
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