TEACHER RECOMMENDATION FORM

Student Name: Last	First			N	ſI	
School:						
Please evaluate the student listed above Ranking Scale: 5 = Exceptionally High 4 = Above Average 3 = Average 2 = Below Average	e by completing the following i	inform	nation	:		
Ability and Personality Traits		5	4	3	2	
Personal Integrity						
Social and Emotional						
Ability to Work with Peers						
Ability to Work with Teachers						
Leadership Qualities						
Oral Communication Skills						
Writing Skills						
Creativity						
 [] Highly Recommended [] Recommended [] Recommended with Reservation [] Not Recommended Please write additional comments that 	will aid in assessing the studen	t's qu	alifica	tions:		
Signature of Teacher			Date	e		
Course Area						
Please return the completed form to Helen P. Buggs National Oceanic and Atmospheric Ad						

COMPLETED APPLICATION PACKAGE MUST BE RECEIVED BY MAY 24, 2010

1315 East West Highway, Suite 10509

Silver Spring, Maryland 20910

COUNSELOR RECOMMENDATION FORM AND TRANSCRIPT REQUEST

Student Name: Last	First	MI
School	Grade	
Please describe any exceptional talents o	or skills which the student has exhibited.	
Has the student had any disciplinary action [] YES [] NO	on taken against him/her by the school?	
If yes, please describe briefly the reasons	s for the disciplinary action.	
		_
Student's most recent academic transcrip [] YES	ot attached.	
If no, please explain.		
		_
Signature of Counselor	Da	te
Please return completed form with tra Helen P. Buggs	inscript to:	
National Oceanic and Atmospheric Adm	inistration	

Helen P. Buggs National Oceanic and Atmospheric Administration 1315 East West Highway, Suite 10509 Silver Spring, Maryland 20910