

Science and Technology Entry Program (S.T.E.P.) APPLICATION

TEACHER/GUIDANCE COUNSELOR RECOMMENDATION

Student Information

First Name: _____

Last Name: _____

Grade: _____

Science Teacher/Guidance Counselor: _____

School Name: _____

School Phone # _____

Please use this form or a separate sheet (numbering your answers)

- 1.) Among your current students, this student ranks about ____ out of ____
- 2.) Is this student among the top 10% you have ever taught /counseled _____
- 3) Describe the student's academic and social strengths and weaknesses:

