



RECOMMENDATION

TO BE COMPLETED BY A TEACHER OR OTHER ADULT RECOMMENDING THE STUDENT. FORM MUST BE COMPLETED ELECTRONICALLY, NOT HANDWRITTEN. DO NOT SUBSTITUTE WITH OR ATTACH A LETTER OR OTHER DOCUMENT. STUDENTS ARE NOT PERMITTED TO VIEW COMPLETED RECOMMENDATION FORMS.

Upon completion, save this to your computer and send it securely (confidential email, shared folder, etc.) to an appropriate school official. Do NOT send completed recommendations to NC Governor's School.

Student's Name:

Nomination Discipline:

School:

School System (if applicable):

Your Name:

Role or Connection to Student:

Phone Number or Email Address:

Subjects you have taught this nominee, if you are a teacher (preferably in the student's nomination discipline):
 9th grade:
 10th grade:
 11th grade:

How long have you known this student?

DIRECTIONS: In Sections A & B, choose the numbers that indicate your perception of this student. Please elaborate in the space provided. We are interested in knowing what is unique about this student. In Sections C and D, answer the questions and elaborate.

N/A = NOT APPLICABLE/AWARE 1 = POOR 2 = ACCEPTABLE 3 = GOOD 4 = VERY GOOD 5 = SUPERIOR

A. What do you consider this student's particular strengths, weaknesses, and potential as a student?

To what degree does this student demonstrate:

1. High level of interest in and commitment to the subject of nomination	N/A	1	2	3	4	5
2. High level of ability in this subject	N/A	1	2	3	4	5
3. Openness to new ideas and challenging material	N/A	1	2	3	4	5
4. Ability to synthesize ideas	N/A	1	2	3	4	5
5. Ability to grasp underlying principles	N/A	1	2	3	4	5
6. Capacity to examine multiple ideas or solutions to problems or questions	N/A	1	2	3	4	5
7. Ability to work constructively on a task with independence and commitment for an extended period of time	N/A	1	2	3	4	5
8. Capacity and willingness to examine assumptions	N/A	1	2	3	4	5
9. Work of high quality	N/A	1	2	3	4	5
10. The ability to produce or use original/unique ideas	N/A	1	2	3	4	5
11. Motivation	N/A	1	2	3	4	5

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

Student's Name: _____

RECOMMENDATION continued

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B. How would you evaluate this student's stability, character, maturity, and attitude towards peers, teachers, and others?

To what degree does this student demonstrate:

1. Cooperation with teachers and others	N/A	1	2	3	4	5
2. Honesty demonstrated with peers and teachers	N/A	1	2	3	4	5
3. Ability to listen to and interact with classmates	N/A	1	2	3	4	5
4. Empathy for other classmates	N/A	1	2	3	4	5
5. Ability to overcome setbacks and disappointing situations	N/A	1	2	3	4	5
6. Individual responsibility	N/A	1	2	3	4	5
7. Potential for growth	N/A	1	2	3	4	5
8. Adaptability in new situations and different learning environments	N/A	1	2	3	4	5
9. Student demonstrates willingness to help their family, peers, or community.	N/A	1	2	3	4	5

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

C. Are you confident that this student:

• is inquisitive, motivated, and flexible enough to entertain speculative questions and to grow their intellectual boundaries?	YES	NO	UNSURE
• has the maturity and self-regulation to independently function at a high level for four weeks away from home in a challenging academic and residential environment?	YES	NO	UNSURE
• has the willingness and ability to be coached towards positive behavior within a vibrant, immersive learning community?	YES	NO	UNSURE

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)



Student's Name: _____

RECOMMENDATION continued

D. Do you have any reservations about recommending this student that were not covered by the statements above? If yes, please elaborate below. YES NO

Please elaborate on the information above. (NOTE: THIS ADDITIONAL INFORMATION HELPS THE SELECTION COMMITTEE IN ITS DELIBERATIONS.)

YOUR NAME (YOUR NAME SERVES AS YOUR SIGNATURE)

DATE

TITLE

THE INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE READ ONLY BY PERSONS RESPONSIBLE FOR STUDENT SELECTION AND GOVERNOR'S SCHOOL FACULTY AND STAFF.

Upon completion, save this form to your computer and send it securely (confidential email, shared folder, etc.) to the student's school district/school contact. Do not send completed recommendation forms to NC Governor's School.