



Teacher Evaluation for Student

Student Portion: Please complete the top section of this form, then give it to your current math or science teacher to complete.

Student's Name: _____ Current Grade: _____

School: _____

Camp(s) for which you are applying:

Biotechnology

Chemistry

Anatomy & Physiology

Middle School

Biology

Physics

Teacher Portion: The above-named student is applying to attend a science enrichment camp at UT Southwestern Medical Center this summer. Please complete the following evaluation and return it to us by e-mail (STARSmil@utsouthwestern.edu), or by fax (214-648-9508). The application deadline is March 7, 2025. All evaluations must be received by that date.

Teacher Name: _____ Email address: _____

Position: _____ Course you currently teach this student: _____

Please place an "X" in the appropriate column for each characteristic listed:

Characteristic	Outstanding	Above Average	Average	Below Average	No Basis to Judge
Math Aptitude					
Science Aptitude					
Initiative/Independence					
Emotional Maturity					
Motivation/Drive					
Behavior in Class					
Class participation					
Teamwork					
Leadership					
Attendance/Punctuality					

Please provide any additional information (not reflected above) that you would like to share with the selection committee:

Signature: _____ Date: _____