

Ontario Science Centre Science School

CONFIDENTIAL TEACHER RECOMMENDATION REPORT

MAIL THIS FORM TO:

Science School, Ontario Science Centre, 770 Don Mills Road, Toronto, ON M3C 1T3

Please fill out the following recommendation form for this student applying to the Science School at the Ontario Science Centre for the 2017/18 school year. Your comments are very important to the selection process.

This form must be received no later than Monday April 3 2017.

1. STUDENT AND TEACHER INFORMATION:

Student Name _____

School _____ School Phone () _____

Teacher Name _____ Subject _____

In what capacity do you know this applicant?

2. RATING OF STUDENT ABILITIES:

Please rate the student with respect to the following characteristics by placing a check (✓) in the appropriate column.

	not possible to evaluate	well below average	below average	average	above average	well above average		Exceptional (top 2%)
Shows a genuine interest in S.T.E.M.								
Takes initiative and shows interest in concepts beyond the class curriculum								
Positive attitude towards learning								
Ability to work independently								
Willingness to help their peers								
Ability to accept a non-leadership role in group settings								
Ability to accept constructive criticism								
Willingness to accept challenges								
Honesty/Integrity								
Written/Oral communication								
Creativity								
Involvement in school community								
Punctuality and attendance								



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3. REFLECTION OF STUDENT ABILITY:

Students enrolled at the Ontario Science Centre Science School are required to:

- take **three** university level science/math courses
- complete a semester-long group project in science communication and engagement
- regularly facilitate interactive science activities with visitors to the Ontario science Center
- regularly assist with in science workshops with (K-12) students from visiting schools
- responsibly manage the high level of autonomy afforded to OSCSS students

1. Do you strongly recommend this student for the OSCSS program? Yes No
2. How do you see this student flourishing in this type of environment? Please explain.

3. What kinds of challenges do you foresee this student encountering? Please explain.

SIGNATURE: _____ DATE _____

This teacher recommendation report is confidential and should be submitted in a sealed envelope with your signature on top of the seal.

Thank you for your comments. If you have any questions, please contact the Education and Special Programs Coordinator at 416-696-4620 or e-mail: science.school@ontariosciencecentre.ca This information is collected under the authority of the Centennial Centre of Science and Technology Act for registration purposes. Questions about this collection should be directed to: Director, Education, Ontario Science Centre, 770 Don Mills Road, Toronto, ON M3C 1T3 Phone: 416-696-4601



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