



## 2019 Teacher or School Counselor Evaluation and Recommendation

The Information Technology Academy (ITA) requires each student applying to the program to have a teacher or school counselor submit this form on the student's behalf **by 5:00 p.m. on March 8, 2019**. The form will not be shared with the student or family. Recommenders should submit the form to ITA through a confidential upload-only online folder or by fax to 608-265-6453. Email [ita@doit.wisc.edu](mailto:ita@doit.wisc.edu) for access to the online folder. ITA cannot accept forms by email or in-person.

### TEACHER/SCHOOL COUNSELOR INFORMATION

Teacher / School Counselor Information	
Teacher / School Counselor Name	
Title and Relationship to Student	
School Name	
Name of Student Applying to ITA	
Work Email Address	
Work Phone	

### EVALUATION

Please evaluate the student applying to the Information Technology Academy (ITA) in relation to the student's peers based on your professional experiences according to these criteria:

- Exceptional = Top 10% of all students I have ever taught.
- Excellent = Top 10% of students in the student's grade.
- Above Average = In the 10-20th percentile of students in the student's grade.
- Average = In the 20-50th percentile of students in the student's grade.
- Below Average = Below the 50th percentile of students in the student's grade.

	Exceptional	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Academic potential						
Intellectual curiosity						
Ability to follow through to complete a task/project						
Ability to work independently						
Ability to work in a group						
Respectfulness toward adults						
Respectfulness toward peers						
Acceptance of feedback						
Organization						
Participates constructively						
Responsibility						
Overall evaluation of student						



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### LETTER OF RECOMMENDATION

A teacher or school counselor who knows the student well should submit a letter of recommendation in support of the student applying to ITA. This confidential letter should discuss the student's goals, level of motivation, attitude, and academic support needs. Additionally, please elaborate in the letter if a student is particularly weak or strong in any of the areas listed in the evaluation grid.

Please sign below to certify that, to the best of your knowledge, the information you provided about the student is true and complete.

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Teacher or Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your invaluable insight and support to students applying to ITA.