



**Principal  
Recommendation Form  
NSF Research  
Experiences for Teachers  
(RET Teacher )**



**To Be Completed by the Applicant**

Name of Applicant \_\_\_\_\_

Last

First

Middle

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**To Be Completed by the School Principal**

Your candid assessment of the applicant named above will greatly assist the selection committee. Your recommendation will be used to help determine whether the candidate will be selected as a RET Teacher and receive the financial benefits of the NSF Research Experience for Teacher program.

Please complete the **form** on the following page. In addition to the completed form, we would appreciate a **statement** from you (optional) concerning the applicant’s scholarship, personality, character, and professional promise. Please include in the statement an assessment of the applicant’s strengths and weaknesses. You may do this on the back of this form, or you may include a separate statement on your school stationery.

After completing both pages of this form, please place it in an envelope and sign it across the seal. Then return it to the applicant, who will forward it UNOPENED to address below with the application materials. If you prefer, you may send this form directly to the address below by **Monday September 16<sup>th</sup>, 2013. Interviews will be conducted the week of September 23<sup>rd</sup>.**

:

Debbie Liberi  
(Dr. Anant R. Kukreti Lead RET PI)  
District Coordinator CEEMS  
College of Engineering and Applied Science (CEAS)  
611B Old Chemistry  
2855 Campus Way  
PO Box 210076  
Cincinnati, Ohio 45221

Any questions regarding this recommendation process should be directed to Debbie Liberi 513-556-6419 or 513-608-4741 or [liberid@ucmail.uc.edu](mailto:liberid@ucmail.uc.edu)

## Summary Evaluation

Using the chart below, please rate the applicant relative to other employees whom you have known in a similar capacity. If additional space is needed, or if you would like to add any other comments, please use the reverse side of this form.

	Not observed	Weak	Fair	Good	Excellent	Outstand-ing
Ability to analyze a problem and formulate a solution						
Ability to initiate instructional change						
Ability to work cooperatively with others						
Communication skills (oral and written)						
Emotional maturity						
Evidence of creativity and imagination						
Evidence of personal character and ethics						
Experimental ability						
Follow-through and commitment						
Leadership exhibited within the school						
Motivation to succeed in the RET program						
Potential for professional development to impact teaching performance						
Self-confidence						

*What types of support will be available from your school to implement appropriate instructional and curricular changes the applicant may want to implement as a result of this professional development experience?*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type or print) \_\_\_\_\_

Title: \_\_\_\_\_ School: \_\_\_\_\_

Business Address \_\_\_\_\_

Number and Street Name \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_