



**Xavier University of Louisiana
Summer Science Academy
SOAR1 Teacher Recommendation Form**

Student's Name: _____ Grade Level: _____ (11th graders only)
 Teacher's Name: _____ Subject: _____
 School's Address: _____
 Teacher's Email Address: _____

The above named student has applied to the SOAR1 enrichment program at Xavier University of Louisiana. As part of the application process, a formal recommendation is required from one of the student's subject area teachers (Math, Science, or English).

Please complete and return this form to the address below on or before **Friday, April 8, 2011**. You may also fax or email this form to the Summer Science Academy.

**Xavier University of Louisiana
Summer Science Academy
1 Drexel Drive Box 105
New Orleans, LA 70125
Phone: (504) 520-5140 Fax: (504) 520-7998
xsummerscience@yahoo.com**

Your Observations	(Please Check One)			
	Excellent	Good	Fair	Poor
Discipline/Behavior in Class				
Timely Completion of Assignments/Homework				
Class Participation				
Punctuality to Class				
Ability to Work in Groups				
Character (Honesty, Attitude, etc.)				
Social Relationship with Peers				
Respect for Authority				

Additional Comments: (attach letter if necessary)

Overall Recommendation: (Please check one)

Highly Recommend	Recommend with Reservations (letter required)	Do Not Recommend

Teacher's Signature: _____ Date: _____