

## 2019 4-H Space Adventure Camp - Teacher Recommendation

Student Name \_\_\_\_\_

School \_\_\_\_\_ Present Grade \_\_\_\_\_

Recommended by \_\_\_\_\_

I have this student in the following subject area(s): \_\_\_\_\_

To help us facilitate and improve the learning experience of all, please estimate the extent to which the student demonstrates the qualities listed below - circle the appropriate numbers.

	<i>Outstanding</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Average</i>
A. Originality of ideas	5	4	3	2	1
B. Independence of thought	5	4	3	2	1
C. Intellectual curiosity	5	4	3	2	1
D. Creativity	5	4	3	2	1
E. Effort in studies	5	4	3	2	1
F. Attitude toward peers	5	4	3	2	1
G. Attitude toward teacher	5	4	3	2	1

Please estimate the student's success at participating in an intensive 3-day program - circle the appropriate numbers.

	<i>Outstanding</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Average</i>
A. Ability to meet and get along with new people	5	4	3	2	1
B. Being an appropriate participant of a group	5	4	3	2	1
C. Sharing a college dorm room with another person	5	4	3	2	1
D. Sharing college restroom facilities	5	4	3	2	1
G. Attitude toward teacher	5	4	3	2	1

What concerns about this camper need to be shared with the Camp Director?

How do you think this student would benefit from attending 4-H Space Adventure Camp?

If, in your opinion, this child is in need of financial assistance to attend, please complete the Financial Assistance Nomination Form

Please return this form by May 3 to:

Travis West, Camp Director  
16714 Wolf Run Road, Caldwell, OH 43724  
FAX: 740.732.5992 Phone: 740.732.2381



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



<http://spaceadventurecamp.cfaes.ohio-state.edu>

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