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Biomedical Sciences (BMS) Recommendation Form

Teacher recommendation	n for:
	Name of Student
Teacher:	
	Name of Teacher
us to completely evaluate worked with the studer weaknesses.	plying for admission to the BMS program at Meridian Technology Center. In order for te a student's ability to succeed in the program, we ask a professional educator who has to comment on that experience and to identify the student's strengths and of this student weighs heavily on their potential for success at the Academy. Your
	t will only be viewed by the faculty at the Academy. Upon completion of this form, please
Please answer the follow	ving questions by marking the most appropriate response with respect to the student.
What are the student's	work habits?
needs fr	nt, careless equent prodding es work but not organized anized; self-starter
What was the student	s level of achievement in your class?
actual ac	hievement below observed ability hievement in line with observed ability hievement exceeds observed ability has not been challenged
How would you rate th	e student's level of participation in class?
inconsis usually a	y distracted, non-contributor ent participation ttentive and involved in discussions tively involved, looks to help others in the class
How would you rate th	e student's maturity level?
coopera appropr	e, unreliable es only when serves personal interest; makes excuses ate for age, well mannered, generally cooperative

Please list any additional comments on the back of this form that may assist in our evaluation.