

Troy High School
Christine M. Dauphinais
School Counselor
P-TECH Facilitator
1950 Burdett Avenue
Troy, New York 12180

Student Name: _____

Teacher Name: _____

Teacher Signature: _____

How long have you known the applicant and in what capacity?

Directions: Please rate the applicant in the following areas using the rating scale below. If accepted into the program, this student will work extensively on group projects, enroll in college courses and work closely with professionals in their respective fields. If you are not familiar with the applicant's abilities in some areas, please select "0 – No ability to judge." A zero rating equates to a nonresponse and will not impact our admissions recommendation.

- 0 – No ability to judge
- 1 - Well below average for a typical high achieving/advanced level student
- 2 – Below average for a typical high achieving/advanced level student
- 3 – Equal to a typical high achieving/advanced level student
- 4 - Above average for a typical high achieving/advanced level student.
- 5 - One of the best high achieving/advanced students I've worked with

Interpersonal Skills	0	1	2	3	4	5
Able to work on team	0	1	2	3	4	5
Leadership	0	1	2	3	4	5
Academically suited to the program	0	1	2	3	4	5
Intellectual promise attendance	0	1	2	3	4	5
Commitment	0	1	2	3	4	5
Consistency of effort	0	1	2	3	4	5
Dependability	0	1	2	3	4	5
Able to interact with adults.	0	1	2	3	4	5
Able to adapt to new situations.	0	1	2	3	4	5
Maturity.	0	1	2	3	4	5
School and community involvement.	0	1	2	3	4	5
Self motivation.	0	1	2	3	4	5
Ability to communicate verbally.	0	1	2	3	4	5
Ability to communicate in writing.	0	1	2	3	4	5

Please include any additional information concerning the student's abilities and skills as they would relate to their performance in the aforementioned program