**D-REX Program Applicant Assessment Form**

**Please attach the Applicant Assessment Form to your Letter of Recommendation.**

**Please submit your recommendation/ assessment in word or PDF format, name the file “Last name\_ LOR\_2024\_ teacher lastname or initial”**

**I interacted with the applicant as their (check all that apply)**

[ ]  STEM subject teacher /professor Subject \_\_\_\_\_\_\_\_\_\_

[ ]  Non-STEM subject teacher/professor Subject \_\_\_\_\_\_\_\_\_\_

[ ]  Research mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Science project advisor \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Direct supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of interaction \_\_\_\_\_Weeks \_\_\_\_\_Months \_\_\_\_\_ Years

**Please provide the applicant’s ability on the following aspects comparing to the applicant’s peers.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Below Average | Average | Strong | Very Strong |
| Interest in STEM  |  |  |  |  |
| Curiosity |  |  |  |  |
| Comprehension |  |  |  |  |
| Hands-on-learning |  |  |  |  |
| Time management  |  |  |  |  |
| Teamwork |  |  |  |  |