



Mathematics and Science Academy  
SCIENCE TEACHER

**UTRGV Mathematics and Science Academy**  
1201 West University Drive, MSAC 1.101  
Edinburg, Texas 78539-2999  
Ph: (956) 665-2425 Fax: (956) 665-2443

For student and parent: We hereby relinquish any rights of access to this confidential evaluation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Parent's Printed Name

**To the teacher:** MSA relies on assessments by teachers and administrators in reviewing applications. We deeply appreciate the kind donation of your time and perspectives in completing this form.

Please retain a backup photocopy until **April 26, 2019**. We welcome visitors at [www.utrgv.edu/msa](http://www.utrgv.edu/msa).

1. Please cite indicators of this candidate's potential in your subject, noting unusual curiosity and intellectual ability.
2. Please comment on the student's drive (motivation, persistence); indicating whether candidate is a self-starter.
3. Please rate the student's maturity. Note whether attendance or tardiness have been issues.

Applicant's printed name \_\_\_\_\_

4. Please rate this candidate by checking below:

	Outstanding	Good	Average	Below Average	No Basis To Judge
General Intelligence					
Emotional Stability					
Independence					
Citizenship					
Leadership					
Respect for Authority					
Motivation					
Dependability					
Reaction to Setbacks					
Intellectual Curiosity					

5. Among the students I have encountered in my teaching career, this student ranks in the:

- Top 2%    
 Top 5%    
 Top 10%    
 Top 25%    
 Top 50%    
 Bottom 50%

6. I believe the likelihood that this student will succeed at MSA is:

- Excellent    
 Probable    
 Possible    
 Questionable    
 Unlikely    
 Highly Unlikely

Name of teacher \_\_\_\_\_ Subject Taught to Applicant \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_  
Role or Position at School

\_\_\_\_\_ ( ) \_\_\_\_\_  
School Address City, State, Zip School Phone

No. of Years Teaching \_\_\_\_\_ Length of Time Knowing Candidate \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Deadline for information: April 26, 2019**

Thank you for your time and valuable input. Please **photocopy** and FAX to (956) 665-2443 or mail original to the following address:

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