EduSerc

Industry Pipeline Recommendation Form
EduSerc Industry Pipeline Leadership Development Program
Academic School Year (2023)

Instructions to Student: Please complete and sign the section below. Then, please give this form to a teacher that has direct knowledge about you and can speak about your demonstrated experience or potential success for a specific industry pipeline track.

Instructions to Recommender: Please complete, sign and return this form.
Via Email: recommendation@eduserc.org
Via Mail: EduSerc Recommendations
                     P.O Box 2536, Laurel, MD 20709
Deadline: **Saturday, December 17, 2022**

Student Information

1) _____
   Last Name   First Name   Middle Name

2) _____
   Number and Street Address   Apt.   City   State   Zip Code

3) _____   4) _____   5) Gender: ☐ Male ☐ Female
   Email Address   Grade Level

6) _____
   Name of School Attending   City   State   Zip Code

☐ I understand that the recommendation form from the teacher or school advisor will be maintained in confidence and will not be released back to the student or parents.

_____   _____
Print Name of Student Applicant   Signature of Student Applicant and Date

_____   _____
Print Name of Parent / Guardian   Signature of Parent/Guardian Date

Recommender Information

Instructions to Teacher/School Advisor: Please complete the section below and the recommendation form on page 2. Return both pages via email to as an attachment or mail to the address noted above.

1) _____ 2) _____
   Full Name   Contact Phone ☐ Work ☐ Cell ☐ Home

3) _____
   School Name   City   State   Zip Code

4) _____   5) _____
   Position/Title   Email Address

6) How do you know the applicant? _____

7) How long have you known the applicant? _____ year(s) _____ month(s)

Industry Pipeline Leadership Development Program
Recommendation Form

Directions to Recommender (Teacher/School Advisor): Place a check mark (✓) in the box that relates specifically to this student's ability and performance as compared to other students you have instructed, counseled, or with whom you have interacted. After completing the recommendation form, please return both pages to the email or mailing address found on page 1.

Name of Student Applicant: _____

Which Industry Pipeline do you feel this student has the interest, skills and potential to be successful? (Check only one):

☐ Engineering/Science   ☐ Information Technology   ☐ Culinary/Hospitality   ☐ Broadcasting / Journalism

☐ Health / Biosciences   ☐ Environmental Science   ☐ Business / Entrepreneurship   ☐ Media / Film Production

☐ Law / Public Service   ☐ Architecture / Design   ☐ Transportation (Auto/Airline)   ☐ Homeland Security/Military

Category	Outstanding (Top 1%)	Excellent (Top 5%)	Very Good (Top 10%)	Average	Below Average
Quality of work/projects					
Produces work of high quality					
Intellectual curiosity					
Study habits					
Ability to work independently					
Ability to work cooperatively					
Creative problem-solving					
Critical & abstract thinking skills					
Ability to organize					
Ability to communicate ideas					
Disciplined work habits					
Positive attitude					
Maturity					
Motivation					
Leadership					
Integrity					
Peer relationships					
Self-confidence					
Initiative, independence					
Taking responsibility					
Overall academic promise					

Overall, would you recommend this student for this program? ☐ YES ☐ NO

Comments: Please comment on specific ways this student has demonstrated outstanding ability, talent or academic achievement.   Feel free to attach additional sheets.

_____

_____   _____
Print Name of Teacher   Signature of Teacher