



Kilgore College Science Investigation
Summer Day Camp
June 8-11, 2009
9:00am-1:00pm

TEACHER EVALUATION & REFERRAL FORM

Students will NOT be accepted into the camp without a referral from their science teacher and only 40 participants are being accepted!

Student's Name: _____

Grade in 2009-2010*: _____ **Student must be entering the 8th or 9th grade to participate.*

School: _____

School City: _____

Referring Science Teacher's Name: _____

Phone: _____ Email: _____

Please rate this student in each area below using the following scale:

5 - outstanding 4 - above average 3 - average 2 - below average 1 - poor

_____ scholarship

_____ behavior

_____ attitude

_____ ability to work cooperatively with a group

Additional Comments: _____

***DO NOT RETURN THIS EVALUATION TO THE STUDENT**

PLEASE MAIL, FAX, or EMAIL BY **MAY 15, 2009 TO:**

KCSI Summer Day Camp
Engineering Science Building
Kilgore College
1100 Broadway
Kilgore, TX 75662

Fax: 903-988-7548
Email: ssisk@kilgore.edu

For assistance, please contact Shannon Sisk
903-983-8243 or ssisk@kilgore.edu