



# Teacher Recommendation Form

Please return completed form with your application materials in a sealed envelope with your teacher's signature across the seal. (To be completed by one of your current teachers)

Student's name \_\_\_\_\_ Name of School \_\_\_\_\_

**PARENTS:** As the parent of this student, I hereby waive my right to review this recommendation before or after it is sent to Truman State University and the Zombie Scholars Academy.

\_\_\_\_\_  
Signature of Parent

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**TO THE TEACHER:** The student named above is applying to participate in the Zombie Scholars Academy: A Problem-Based Exploration of Science, Literature, and Leadership. ZSA is a one week, intensive academic and social experience focused on critical thinking, leadership, and disaster preparedness. The program uses the fictional scenario of a "zombie apocalypse" to stimulate students' problem solving and creative faculties. Your comments here will help us assess the student's ability to succeed in the program as well as help us determine any special instructional or supervisory needs the student might have if admitted. Please feel free to add additional pages to your comments if you feel they will prove helpful.

1. In what course(s) have you instructed this student? How long have you known this student?
2. Please comment on the student's academic characteristics, including any particular strengths and/or weaknesses.
3. Does the student interact well socially with other students? If the student has social difficulties, where do these difficulties tend to appear?
5. Have you observed any behavioral or disciplinary problems with this student
6. Are there any other aspects of this student's performance, in or out of the classroom, about which you feel it would be helpful for us to know?

Name of Teacher (print) \_\_\_\_\_ Title \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_