

# SCIENCE VERIFICATION FORM

Student's Last name \_\_\_\_\_ First \_\_\_\_\_ Branch \_\_\_\_\_ Grade \_\_\_\_\_

**To be filled out by Supervising Scientist, Teacher or Advisor**

If a student does substantial research in a science laboratory, these questions must be answered by the supervising scientist. For all other submissions, these questions must be answered by the teacher or advisor who has worked the most with the student.

How long have you known the student and in what capacity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did the student get the idea for this project? Was the project assigned or picked from a list of potential research topics? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To what extent is the research the work of the student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How independently did the student work on this project? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What ACT-SO science category is this project? \_\_\_\_\_

How would you rate the following:

Student's	Excellent	Good	Fair	Poor	Unknown
Scientific Understanding					
Grasp of central Project concepts					
Attention To details					
Use of special Equipment					
Oral Communication					
Written Communication					
Peer Relationships					
Overall ability					

Print or Type Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Circle all that apply:  
 Scientist      Advisor Teacher

Institutional/School \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Fax Number \_\_\_\_\_