**D-REX Program Applicant Assessment Form**

Please complete the form below by clicking the selection boxes.

Save the form in PDF format, name the file “[Student last name] \_assemment\_ [teacher lastname or initial]”

**Date (mm-dd-yyyy):** \_\_\_\_\_\_\_\_\_\_

**I interacted with the applicant as their (check all that apply)**

STEM subject teacher /professor Subject \_\_\_\_\_\_\_\_\_\_

Non-STEM subject teacher/professor Subject \_\_\_\_\_\_\_\_\_\_

Research mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Science project advisor \_\_\_\_\_\_\_\_\_\_\_\_\_

Direct supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of interaction \_\_\_\_\_Weeks \_\_\_\_\_Months \_\_\_\_\_ Years

**Please provide the applicant’s ability on the following aspects comparing to the applicant’s peers.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Below Average | Average | Strong | Very Strong |
| Interest in STEM |  |  |  |  |
| Curiosity |  |  |  |  |
| Comprehension |  |  |  |  |
| Hands-on-learning |  |  |  |  |
| Time management |  |  |  |  |
| Teamwork |  |  |  |  |