



NAACP ACT-SO

STEM Verification Form

Year 2019/2020

THIS FORM MUST BE FILLED OUT BY THE SUPERVISING SCIENTIST, TEACHER OR ADVISOR

Student's Last Name	First	ACT-SO Unit	Grade
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If student does substantial research in a science laboratory, the supervising scientist must answer these questions. For all other submissions, the teacher or advisor who has worked the most with the student must answer these questions.

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which ACT-SO science category is this project being submitted? \_\_\_\_\_

How would you rate the student in the following areas?

	Excellent	Good	Fair	Poor	Unknown
<b>Scientific Understanding</b>					
<b>Grasp of central project concepts</b>					
<b>Attention to detail</b>					
<b>Use of special equipment</b>					
<b>Oral Communication</b>					
<b>Written Communication</b>					
<b>Peer Relationships</b>					
<b>Overall ability</b>					

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

Position \_\_\_\_\_

Institution/School \_\_\_\_\_

Address \_\_\_\_\_

Circle all that apply:

Signature \_\_\_\_\_  
a. Scientist      b. Advisor      c. Teacher

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

E-mail Address \_\_\_\_\_