



ACT-SO

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

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
Scientific Understanding					
Grasp of central project concepts					
Attention to detail					
Use of special equipment					
Oral Communication					
Written Communication					
Peer Relationships					
Overall ability					

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 _____