The ACT-SO Verification Form

Student's Last Name First Name 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 submissions, these questions must be answered by the teacher or advisor who has worded 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? _____

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					

Name (print or type) Date Signature

Position

Institution/School

Address

Circle all that apply:

Scientist Advisor Teacher

Telephone Number

Fax Number