**Makerspace Leadership Program Application**

APPLICANT: Fill out the top of this form and give it to one of your teachers, club advisors or guidance counselor.

Name: Grade:

Teacher’s Name:

TEACHER: Thank you for taking the time to give your valuable input. Makerspace Leadership is a new program where qualified students are assigned to the RPHS Library Makerspace as part of their regular academic schedule. Students will help staff the Makerspace by managing supplies and equipment and by assisting students working on various projects*.* Students will help design makerspace challenges and lead activities.  Students accepted must attend training which focuses on design thinking, problem solving, creativity and the imaginativeprocess. Students must apply to be accepted into the program.   Please return form to Ms. Lemke in the library or her mailbox.

In what capacity do you know this student?

Please check the appropriate boxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Seldom |
| Student listens and follows directions. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student is enthusiastic and teachable. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student works well in groups. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student is self-motivated. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student is creative and innovative. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student applies suggestions given by the teacher. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student is trustworthy and responsible. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student shows leadership potential. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student demonstrates patience. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student shows attention to detail. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |
| Student is nice to other students. | **󠇯** | **󠇯** | **󠇯** | **󠇯** |

Do you have any reservations about recommending this student? Please explain.

On a scale of 1-5, how would you rate this student’s overall suitability to work in the Makerspace?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Do you have any additional comments that would help me decide if this student is a good fit to lead the Makerspace?

Teacher’s signature & date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_