

# Health Careers Summer Camp

## Summer 2009

June 22<sup>nd</sup>-25<sup>th</sup>, 2009

### TEACHER RECOMMENDATION FORM

**STUDENT APPLICANT:** Please fill out all the information on this page. Give your teacher the entire packet (application and recommendation). Your teacher will mail both the application and recommendation to us.

Name of Applicant \_\_\_\_\_  
Last First MI

School Attending \_\_\_\_\_ Grade\* \_\_\_\_\_

**\*Applicants must be currently in 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> grade**

**APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS:** I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that all statements shall remain confidential.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO TEACHER:** The student whose name appears above is applying for admittance to the Health Careers Summer Camp for students entering the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades next fall. Your candid estimate of academic performance, intellectual promise and personal qualities is important to the selection committee in making final selections for this summer's camp. Because of federal legislation giving students access to educational records, we cannot guarantee the confidentiality of your statement unless **the applicant and his/her parent/guardian** have signed the waiver printed above.

Please fill out the recommendation and MAIL all six pages (application and recommendation) to Coastal AHEC. Recommendation must be postmarked by **Friday, April 17, 2009**. If you have any questions about writing a recommendation or the Health Careers Summer Camp please feel free to contact Coastal AHEC.

Coastal Area Health Education Center  
C/O Miriam Easley  
P. O. Box 2  
La Marque, TX 77568  
(409) 933-0021

## TEACHER RECOMMENDATION

1. How long have you known this applicant? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

2. What subject(s) have you taught this applicant?

3. ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL: Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

	Outstanding Top 10%	Very Good Top 25%	Satisfactory Top 50%	Average Lower 50%	No Basis for Judgment
General academic achievement					
Achievement in Science					
Scientific Motivation					
Oral Expression					
Written Expression					
Imagination/creative Potential					
Ability to interact with peers					
Ability to work independently					
Maturity Behavior					

4. Accessibility to healthcare institutions at future health career summer camps depends on the **maturity level** and **behavior** of students each year. Please comment on this student's ability to behave in professional and potentially stressful environments.

5. Teacher's overall recommendation of applicant for Health Careers Summer Camp:  
 Please indicate the strength of your overall endorsement of this applicant by placing a single check mark in ONE of the boxes:

Outstanding Top 10%	Very Good Top 25%	Satisfactory Top 50%	Average Lower 50%	No Basis for Judgment

6. Please comment on this student's performance and potential to benefit from this camp.

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Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name of Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_