

CONFIDENTIAL REFERENCE INFORMATION FORM

(Two forms are to be completed by at least one teacher and one of the following: health professional, school counselor, community leader, or spiritual leader.)

Applicant's name: _____

This student is applying to attend "Med★Stars" AHEC Honors Experience in July 2008. Please assess his/her suitability as a participant in this five-day experience. Our intent is to select a limited number of students who:

- ✓ have expressed interest in health careers;
- ✓ have demonstrated academic ability and initiative;
- ✓ have participated in an introductory health career program or have been in a health occupations class at school.
- ✓ are currently in their junior or senior year in high school (ages 16-19 only)

We encourage applicants who meet the above criteria and who may not have opportunities such as this one for economic reasons. Your recommendation is very important to our selection process. Thank you for considering this carefully.

In comparison with other students you have known, please evaluate the applicant in the following areas:

	Highest			Lowest	
LEADERSHIP SKILLS (problem solving, ability to see choices, etc.)	5	4	3	2	1
MOTIVATION (self-starter)	5	4	3	2	1
VERBAL SKILLS and EXPRESSION (communication skills)	5	4	3	2	1
INTERPERSONAL CONTACT (ability to get along with others)	5	4	3	2	1
SINCERITY (genuine interest in health careers)	5	4	3	2	1
MATURITY (stable, responsible, handles situations well, respectful of instructors)	5	4	3	2	1

Student's strengths as you see them (for additional writing space use the back of this page):

Student's weaknesses as you see them ("none apparent" is an acceptable answer):

Do you feel this student is at a maturity level that will allow him/her to listen respectfully to health professionals in a professional setting, and be considerate of their time commitments?

SUMMARY COMMENTS: Please note overall impression of student and additional pertinent comments (use back of this page if necessary).

Evaluator's Name _____ Work Phone Number _____

Occupation and/or relationship to student: _____

Signature: _____

Please return this form directly to:

Due by April 4, 2008