

**Colorado Area Health Education Center System  
2010 Summer Health Careers Institute**

**TEACHER RECOMMENDATION FORM**

**Instructions:**

**Student:** Please give this form to a non-parent teacher of your choice in an academic subject.

**Teacher:** Please complete recommendation form and return to the student.

*Completeness Value: 10 points*

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

1. What is your relationship to the student and class you teach? (e.g., biology teacher for one semester, etc.)

2. How would you assess this student's classroom attendance? (*Please Check One*)

Excellent (missed 5 days or less)     Good (missed 6-10 days)     Poor (missed more than 10 days)

Comments:

3. How would you assess this student's conduct and behavior? (*Please Check One*)

Excellent (proper conduct)     Good (proper conduct at most times)     Poor (improper conduct)

Comments:

4. Please comment on this student's intent to pursue post-secondary education and/or a health career.  
(*Please Check One*)

Definite plans/goals     Student may pursue higher education     Does not intend to pursue higher education

Comments:

5. What is your overall assessment of this student as a *Summer Health Careers Institute* participant?  
(*Please Check One*)

Outstanding (best candidate)     Good (solid student with potential)     Poor (would not recommend)

Comments:

Teacher's Name (*please print*): \_\_\_\_\_

\_\_\_\_\_ Date:

Teacher's Signature \_\_\_\_\_

Teacher Email: \_\_\_\_\_