

Health Career Exploration Academy

CONFIDENTIAL REFERENCE INFORMATION FORM

(To be completed by a teacher, counselor, health professional, employer, group/community leader i.e. scouts, 4H, minister, etc., knowledgeable of this applicant's potential)

Applicant's Name: _____

This student is applying to attend the *Health Career Exploration Academy*: High School Health Career Exploration and Leadership Program. Please assess his/her suitability as a participant in this experience. We are interested in selecting students who:

- Have shown potential and/or interest in health careers;
- Have demonstrated past academic achievement, or whom you feel are capable of achievement but grades perhaps do not presently reflect this;
- Possess maturity and social skills that will allow him/her to act independently and in a responsible manner;
- Have leadership potential and a sense of community pride and citizenship;
- Possess a desire to help others and better their community.

Please evaluate the applicant in the following areas:

	<i>Highest</i>			<i>Lowest</i>	
LEADERSHIP SKILLS (problem solving, handles situations well, etc.)	5	4	3	2	1
MOTIVATION (self-starter, interest in health careers)	5	4	3	2	1
VERBAL SKILLS and EXPRESSION (communication skills)	5	4	3	2	1
INTERPERSONAL CONTACT (ability to get along with others, work in a team)	5	4	3	2	1
MATURITY (stable, responsible, respectful of others)	5	4	3	2	1
CITIZENSHIP (civic minded, community pride, desire to help others)	5	4	3	2	1

Applicant's strengths:

Applicant's weaknesses:

SUMMARY COMMENTS: Please explain your overall impression of this student and any additional pertinent comments.

Evaluator's Name: *(please print)* _____

Signature: _____ Date: _____

Relationship to applicant: _____

Daytime Phone Number: () _____

Email: _____

Please scan and email or mail this form **by June 15, 2014** to:

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