

Health Science Internship
Faculty Recommendation Form

Student: _____

The above student has applied to be part of the Health Science Internship. This opportunity allows the student to go into the community and job shadow professionals in the healthcare field. Please fill out the recommendation form below and return to:

ACTC ROOM 15 Mrs. Donna Strickland or ACTC ROOM 14 Mrs. Amy Cruise No later than February 15, 2019

Teacher filling out form: _____

In what class (es) or activities have you observed this student? _____

Student Attributes	Poor 0	Fair 1	Average 2	Good 3	Excellent 4
Attendance					
Time Management Skills					
Works Well Independently & with Others					
Maturity					
Reliability					
Academic Ability					
Work Habits					
Reports to Class On Time					
Completes Assignments Timely					

How likely are you to recommend this student to be part of this experience?

Talents or strong points to be considered:

Date

Teacher