

Oakmont Health Careers Academy

Student Recommendation Form

Students: The purpose of this form is to help the Health Careers Academy determine which students can best benefit from the academy experience. Please present this form to one teacher. Detach the bottom portion and return it to the Academy Office, room 202. A few days later, you should check with the teacher to be sure they have delivered their part to Mr. Muller or Mrs. Evans. **The form is due Friday, February 10.**

Teachers: Please give this student a rating in each area. A “5” means you believe the student definitely exhibits the attribute. A “1” means you believe the student definitely does not exhibit the attribute. Your response is confidential and should not be shared with the student. Please return this form to Wes Muller or Mona Evans by Friday, February 10.

Student’s Name- _____ Date given to teacher- _____

Attribute	Does 5				Doesn’t 1
Respects Others	5	4	3	2	1
Communicates Well with Adults	5	4	3	2	1
Trustworthy	5	4	3	2	1
Responsible	5	4	3	2	1
Has <u>Potential</u> to do College Prep Work	5	4	3	2	1
Responds to Correction	5	4	3	2	1

Please add any comments that you believe will reflect on this student’s potential to benefit from joining the Health Careers Academy.

Teacher’s Signature- _____

----- Cut Line ----- Cut Line -----

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Student: After giving the top portion to a teacher, please detach this part and return to Room 202 or to Student Services by **February 10.**

Student’s Name- _____ Date Given to Teacher- _____

Teachers’ Name- _____ Teacher’s Room Number- _____