

Emerging Health Professionals Program Letter of Reference

Students who wish to apply for admission to the Emerging Health Professionals program, may choose to have a current teacher or guidance counselor complete this letter of reference. Completed forms are to be returned directly to the student's primary guidance counselor, to be included with applicant's completed submission packet. Thank you for your cooperation.

| itudent Name: | | | _ Date: | | | |
|---|--------------------------|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|--|
| Trait | Exceeds Peer Group | Above Average To Peer Group | Average to Peer Group | Below Average to Peer Group | Unable To Judge | |
| Critical Thinking & Problem Solving Skills | | | | | | |
| Intellectual Curiosity and/or Motivation to Learn | | | | | | |
| Time Management Skills | | | | | | |
| Organization and/or Preparedness | | | | | | |
| Communication Effectiveness | | | | | | |
| Effective Participation with Peers/Team | | | | | | |
| Professionalism | | | | | | |
| Work Ethic | | | | | | |
| Attendance | | | | | | |
| Tolerance for others and different ideas | | | | | | |
| Integrity | | | | | | |
| Leadership Skills | | | | | | |

1. Please include/attach any comments/concerns you feel are appropriate in supporting your recommendation of this student, for the Emerging Health Professionals program. Please consider the following program aspects in your recommendation: industry shadowing, professional speakers, honors level course work, dual enrollment courses, and self-transportation.

2. To what extent do you recommend this student for the Emerging Health Professionals Program?

_____Strongly Recommend _____Recommend _____Recommend with Reservations

3. If you would like to speak to a member of the LCTI Emerging Health staff, please check here:

| Printed Name: | Title: _ | | | |
|---------------|----------|----|--|--|
| | | | | |
| Signature: | Schoo | l: | | |