



**Allied Health Education and Discovery (AHEAD) Program 2020  
Recommendation Form**

**Section I: (To be completed by the Student/Applicant)**

The following information must match the information that you have supplied on your LSUHSC-Shreveport AHEAD application. Please complete this section fully before giving it to the person who will be submitting your recommendation.

**Student/Applicant Name (Last, First, Middle Initial):** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Recommender:** \_\_\_\_\_

(Must be high school teacher, counselor, or principal)

**Section II: (To be completed by the Recommender)**

**For how long and in what capacity have you known the applicant?**

\_\_\_\_\_

**Please carefully assess the applicant in the following skill areas:**

<b>Skill</b>	<b>Superior</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unknown</b>
Intellectual ability					
Self-reliance					
Leadership					
Oral/Written Communication					
Initiative					
Critical Thinking					
Interpersonal Sensitivity					
Ability to Work in a Team					
Ability to Work Independently					

Skill	Superior	Good	Average	Poor	Unknown
Imagination/Creativity					
Problem-Solving Skills					
Motivation					
Maturity					

Please provide any additional information you feel will be useful in evaluating the student's application for participation in the LSUHSC-Shreveport AHEAD Program:

Your overall assessment of the applicant for participation in the LSUHSC-Shreveport AHEAD Program:

Highly recommend

Recommend with reservation

Recommend without reservation

Do not recommend

### Recommender Information

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution/Agency: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_