

**Health Careers Academy
Recommendation Form
Advanced Sports Medicine/ Clinical Sports Medicine**

Student Name: _____

Current School: _____

Dear Teacher/Counselor/Employer:

The above named student is applying for all or one of the Health Career Academy CTE Classes at Palmdale High School. Please complete the student ratings below and make comments in the space provided.

Please return this form **SEALED IN AN ENVELOPE** to the requesting student, or to Steve Wilson c/o PHS Health Careers Academy. The deadline for submitting a completed application is **March 2, 2020**.

1. Daily attendance is:

excellent _____ (0-2 absences)	good _____ (3-4 absences)	fair _____ (5-8 absences)	poor _____ (Frequent absence)
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*Any special circumstances for absences:

2. Arrival for class/work is generally on time:

Always _____ most of the time _____ sometimes _____ seldom _____

3. Completion of class assignments, homework, special projects are generally completed and submitted on time:

Always _____ most of the time _____ sometimes _____ seldom _____

4. Participation and demonstrated interest in activities is:

High _____ very good _____ good _____ fair _____

5. Because the spaces for these classes are limited, it is important that those selected will have a commitment to complete the course. This means that the student must be at school every day, on time, and with completed assignments. Based on your information, would you recommend this student?

Highly _____ Recommended _____ Recommended w/reservations _____ Not recommended _____

6. Additional comments:

Reference Name (print) and Signature: _____

Date: _____ **School/Organization:** _____

Phone/Ext: _____ **e-mail:** _____