



**NORTH MISSISSIPPI
MEDICAL CENTER**

**Summer Health Academy
Teacher Recommendation Form**

Student: Please give this form to a teacher (non-parent) from a science, health or math subject.

Teacher: Please complete the recommendation form and mail to Rosalyn Campbell, North Mississippi Medical Center, 830 South Gloster Street, Tupelo, MS 38801; fax to (662) 377-6221 or email responses to rcampbell@nmhs.net.

TEACHER'S RECOMMENDATION:

Student's Name: (Last, First, Middle Initial)

What is your relationship to the student and the class you teach (e.g., biology teacher for one semester, etc.)?

How would you assess this student's classroom attendance? (Please CIRCLE ONE)

Excellent (proper conduct)

Good (proper conduct at most times)

Poor (improper conduct)

Comments: _____

Please comment on this student's intent to pursue post-secondary education and/or a health career.
(Please CIRCLE ONE)

Definite plans/goals

Student may pursue higher education

Does not intend to pursue higher education

Comments: _____

What is your overall assessment of this student as a Summer Health Academy participant?
(Please CIRCLE ONE)

Outstanding (best candidate)

Good (solid student with potential)

Poor (would not recommend)

Comments: _____

Teacher's Name (printed)

Teacher's Signature

Date