## **MEDICAL SCIENCES II EMT - Teacher/Counselor Recommendation Form**

Student Name:		High School:			
The Cen or he Plea	the teacher completing this recommendation: above student has pre-registered for the Medicater. This is a highly rigorous program/course dealth care related fields. se rate the student in the following areas and prapplicant.	esigned for students	who are interest	ted in pursuing careers in me	dicine
On a	a scale of 1 = Below Average 2 = Average 3 = Above Average 4 = Excellent 5 = Outstanding/Superior				
A.	Teamwork/ability to work as a team memb	er			
Exa	mple:		<del></del>		
B.	Attendance				
Exa	mple:		<del></del>		
C.	Ability to work effectively without direct s	upervision			
Exa	mple:				
D.	Dependability/ability to complete tasks on	time			
Exa	mple:				
E.	Communication skills/Written skills				
Exa	mple:				
F.	Ability to accept constructive criticism				
Exa	mple:				
G.	Critical thinking and problem solving skills	S			
Exa	mple:	·			
H.	Respect for authority				
Exa	mple:				
Add	itional comments: (Optional)				
Teac	cher/Counselor Signature Ti	tle	Phone #	Date	

Please place this form in an interoffice envelope and send it via District 12 Pony to Linda Alexander at BTEC by April 12, 2016