

Summer Scrubs 2012

TEACHER RECOMMENDATION FORM

Student Name: _____ School: _____

Date: _____

You have been selected as a reference by the above student applying to participate in the **2012 Summer Scrubs Program**. Your input is very important to us. We are looking for students who are interested in healthcare, will attend the program each day, and are respectful of others. All responses will be kept confidential. [You may also fill out a Recommendation Form and submit it online by visiting www.summerscrubs.com.](http://www.summerscrubs.com)

Subject taught/relationship to student: _____

How long have you known student? _____

Please rate the student in the following areas:

	5 Excellent	4 Above Average	3 Average	2 Fair	1 Poor
Promptness/Attendance					
Academic Achievement					
Behavior					
Responsibility					
Eagerness to learn					
Cooperation/Attitude					

Do you recommend this student without hesitation to participate in Summer Scrubs?

Yes _____ No _____

Comments: _____

Teacher Name*: _____ Phone Number: _____

E-mail address*: _____ *** required for verification purposes.**

Please provide your *school email address*. No personal email addresses please.

Return to: 2012 Summer Scrubs Program
P.O. Box 2187 Mobile, AL 36652
(251) 431-8619 phone (251) 281-2635 fax

RECOMMENDATION MUST BE RECEIVED NO LATER THAN MARCH 9 FOR STUDENT TO BE CONSIDERED.