

# Summer Scrubs 2010

## TEACHER RECOMMENDATION FORM

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

You have been selected as a reference by the above student applying to participate in the **2010 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 reference 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:*

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

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

Comments: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (for verification)

Please return to: 2010 Summer Scrubs Program  
P.O. Box 2187  
Mobile, AL 36652  
(251) 431-8619 phone (251) 281-2635 fax

Or visit [www.summerscrubs.com](http://www.summerscrubs.com) to fill out a form online.

**REFERENCE MUST BE RECEIVED BY MARCH 19, 2010 FOR STUDENT TO BE CONSIDERED.**