Summer Nurse Camp Edventure, 2014

**Teacher Recommendation Form**

**Applicant’s Name** Click here to enter text.

**Teacher’s Name** Click here to enter text.

**Teacher’s E-mail address** Click here to enter text.

**Teacher’s position title & place of employment** click here to enter text.

The student identified above is applying to participate in the Summer Nurse Camp Edventure. The information on this form will help select students for this opportunity.

**How do you rate the education/work achievement of this applicant?**
[ ] 5 – Outstanding[ ]  4 – Above Average[ ]  3 – Average [ ] 2 – Below Average [ ] 1 – Poor

**How do you rate the applicant’s relationships with other people? Consider such things as ability to work and get along with others.**

[ ] 5 – Outstanding [ ] 4 – Above Average [ ] 3 – Average [ ] 2 – Below Average [ ] 1 – Poor

**Based on this applicant’s personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care?**

[ ] 5 – Outstanding [ ] 4 – Above Average [ ] 3 – Average [ ] 2 – Below Average [ ] 1 – Poor

**Length of time known:** Click here to enter text.

**Please provide a statement explaining why you think this applicant should be considered to participate in the 2014 Summer Nurse Camp Edventure. Please limit your recommendation to 200 words.**