

CONFIDENTIAL

CRASH Course Guidance Counselors Recommendation Form

Applicant's name: _____

Name of school: _____

The following student, _____, is applying to attend CRASH Course, a camp designed to introduce students to nursing and other desirable health care careers.

1. I know the applicant personally.

I do not know the applicant personally.

2. Number of days the student has been absent:

Previous school year _____ Current school year _____

3. Number of days this applicant has been tardy:

Previous school year _____ Current school year _____

4. Has this applicant received any disciplinary referrals?

Previous school year _____ Current school year _____

(If yes, please explain or attach disciplinary record)

5. Does this applicant require or receive any special services? Yes No

6. Please explain any special qualities or problems the applicant has.

Comments are extremely important to the selection committees. You may attach a separate sheet.

Do you recommend this student for CRASH Course? _____ Yes _____ No

Guidance Counselor's Signature

Date

Print Guidance Counselor's Name

Telephone Number