

# Medical Explorers Reference Form

## **To be completed by student:**

Student Name: \_\_\_\_\_ Grade : \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 opens student's records for the student to inspect. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature constitutes a waiver: no signature indicates the student will have the right to read this reference.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## **To be completed by evaluator:**

I know the student listed above: ☐ Very well ☐ Fairly well ☐ Limited Acquaintance

In what capacity do you know this student? \_\_\_\_\_

	Excellent	Good	Average	Below Average	Unknown
Written Communication					
Maturity					
Dependability/Attendance					
Organizational Skills					
Initiative					
Decision-Making/Problem-Solving Skills					
Ability to Follow Instructions					
Leadership Skills					
Verbal Communication Skills					
Interpersonal Skills					

List student's strengths and weaknesses:

Comments:

Name/Title: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**\*You may use an employer, teacher, counselor, pastor, etc., for your references. Do not use a friend or peer for this form.**

Submit form to [kristaharmon@kentisd.org](mailto:kristaharmon@kentisd.org) no later than December 1, 2024