



# Academic Recommendation

Thank you for your support of a student interested in the 6<sup>th</sup> Annual Rady Children’s Summer Medical Academy! The Summer Medical Academy (SMA) is an educational summer program that provides high school age students with unique and exciting opportunities to explore the world of medical training and practice. Additional information can be found at <http://sdhealthscholars.org/about-summer-medical-academy/>.

This form may be completed by any reference familiar with the student from an academic setting, i.e. teacher, counselor, principal. The feedback shared will play a role in determining whether the student will be accepted into the Summer Medical Academy. **Please return your recommendation to the student in a sealed and signed envelope; complete applications must be postmarked by February 22, 2019.**

## Part I: Student & Recommender Information

Student’s Name:	
Recommender’s Name:	
High School:	
Phone:	
Email:	

## Part II: Recommendation

1. How long have you known the applicant?
2. What classes of yours has this student been in? Do you know the student under any other circumstances?
3. Please describe the applicant’s academic performance, including attendance, attitude, and responsibility.

[PLEASE TURN TO THE NEXT PAGE]

4. Please check how you rate the applicant based on observations and interactions:					
	Strongly Agree	Agree	Neutral	Somewhat Agree	Disagree
Has a positive attitude					
Demonstrates leadership					
Self-starter, innovative					
Has intellectual curiosity					
Is able to ask for help					
Takes responsibility for own actions					
Treats others with respect					
<b>Is endorsed as a candidate for SMA</b>					
5. Based on your observations, please describe the applicant's initiative and leadership capabilities.					
6. Does the applicant demonstrate a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career? Describe any concerns you may have.					
7. Is there additional information you feel would assist the Rady Children's Hospital-San Diego Summer Medical Academy in evaluating the applicant for admission?					

<b>Part IV: Acknowledgment</b>	
I have read and understand the information about the Rady Children's Hospital-San Diego Summer Medical Academy being held June 17–28 and July 8-19, 2018. In submitting this recommendation, you submit that the statements are answered to the best of your knowledge about the aforementioned student.	
Signature of Recommender:	Date