

Student's Name:

Part I: Student & Recommender Information

Academic Recommendation

Center for Healthier Communities

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 must be completed by an individual who can speak to the student's strengths in an academic setting. Recommenders can be a teacher, counselor, principal or long-term professional tutor. The feedback shared will play a role in determining whether the student will be accepted into the Summer Medical Academy. Please email your fully completed recommendation form to Lead Coordinator, Alicia Wood- awood@rchsd.org by Friday, February 21st, 3:00 pm (PST).

Recom	mender's Name:
Title:	
High So	chool:
Phone	
Email:	
Dowl	l: Recommendation
	How long have you known the applicant?
2.	What classes of yours has this student taken? Do you know the student under different academic circumstances?
3.	Please describe the applicant's academic performance, including attendance, attitude, and responsibility.

	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					
Is endorsed as a candidate for SMA					
Does the applicant demonstrate a strong potential for success in coll					
7. Is there additional information yo Medical Academy in evaluating th		•	nildren's Hospi	tal-San Diego Su	ummer
Part IV: Acknowledgment I have read and understand the information Academies being held June 16-June 27, 20 that the statements are answered to the be)25 or July 7 - 18,	2025. In sub	mitting this red	commendation,	
Signature of Recommender:			D	ate:	