Teacher/Counselor Recommendation Form

Teacher/Counselor form deadline is April 15, 2020

To the Student: Please print your name and information legibly below and give this form to the appropriate teacher/counselor. By signing below, you are waiving your rights to access the information contained on this recommendation form and agree that its contents shall remain confidential. The teacher/counselor may scan and email the forms directly to the University of Houston College of Pharmacy at nsapp@uh.edu

Student’s Name (print) ____________________________________________________________

High School __________________________________________________________________

Student’s Signature: ___________________________ Date ______________

Parent’s Signature: ___________________________ Date ______________

To the Teacher/Counselor: The student named above is applying to the University of Houston College of Pharmacy Summer Camp. The College needs a candid recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidates academic and personal qualifications on the form provided. Because of federal legislation giving students the right to their educational records, we cannot guarantee the confidentiality of your statements unless the student and his/her parent or guardian has signed the waiver on the lines indicated above.

Please e-mail the completed recommendation form to:

Nekesa Sapp
Director of Pharmacy Recruiting
nsapp@uh.edu

Subject: Summer Camp - (Insert Last Name, First Name of Applicant)
Teacher/Counselor Recommendation Form

Reference’s Name: _____________________________________________________________________

Position: ____________________________________________________________________________

Name of School: _______________________________________________________________________

Signature: ____________________________________________________________________________

Select the role that best describes your primary relationship with the student.

☐ Counselor    ☐ Teacher

Assessment of Student’s Performance and Potential

How would you rate the student for each of the following characteristics? Please select the rating that best describes the student in each category. You may provide an additional letter, if desired.

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Not observed</th>
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<td>Interested in a health career in pharmacy</td>
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<td>Intellectual ability in science and math</td>
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<td>Oral Communication: speaks clearly with precision and accuracy.</td>
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<td>Written Communication: writing is precise, accurate, grammatically correct and unambiguous.</td>
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<td>Interpersonal Relations: able to get along well with peers and superiors.</td>
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<td>Ethics: displays honesty, integrity and ethical behaviors.</td>
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<td>Empathy: considerate, sensitive and tactful in response to others.</td>
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Recommendation concerning this student:

☐ I highly recommend this applicant
☐ I recommend this applicant
☐ I recommend this applicant, but with some reservations
☐ I am not able to recommend this applicant