

## Direct Health Care Teacher Reference

Teacher \_\_\_\_\_

Student \_\_\_\_\_

Class \_\_\_\_\_

School \_\_\_\_\_

Please provide the information requested concerning this student. He/she is applying for a position in the Health Occupations program. All information will remain confidential. Thank you for your cooperation. Please return this reference to the guidance department.

	Always 3	Most Often 2	Infrequently 1	Never 0
1. This student is reliable and responsible	_____	_____	_____	_____
2. This student shows respect and concern for others	_____	_____	_____	_____
3. This student's communication skills are appropriate	_____	_____	_____	_____
4. This student participates in class and is attentive	_____	_____	_____	_____

I **would** / **would not** recommend this student for Health Occupations.

**Please include comments about this student:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DUE TO GUIDANCE OFFICE \_\_\_\_\_  
 DUE TO FCAVC ADMINISTRATIVE OFFICE 2/19/10

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_