

FOUR COUNTY AREA VOCATIONAL COOPERATIVE
 DIRECT HEALTH CARE-TEACHER REFERENCE
 APPLICATION AND ADDITIONAL MATERIALS DUE TO VOCATIONAL OFFICE BY 2/18/2011

Teacher _____

Student _____

Class _____

School _____

Please provide the information requested concerning this student. He/she is applying for a position in the Direct Health Care 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 Direct Health Care.

Please include comments about this student: _____

Teacher Signature _____

Date _____