



**Health Careers Academy
Recommendation Form**

TO BE USED WITH ANY HCA APPLICATION

Using your school Google Account, make a copy of this doc into your Google Drive (file—> Make a Copy”, type up your answers, PRINT, SIGN, and RETURN to PHS. Otherwise PRINT, Complete, SIGN, and RETURN.

Student Name: _____

Student ID# (if available): _____ **Current School:** _____

Dear Teacher/Counselor/Employer:

The above named student is applying for all or one of the Health Career Academy CTE Classes at Palmdale High School. Please complete the student ratings below and make comments in the space provided.

Please return this form SEALED IN AN ENVELOPE to the requesting student, or to Jared Hefter c/o PHS Health Careers Academy. The student deadline for submitting a completed application is **March 3, 2025**.

1. Daily attendance is:

Excellent _____ (0-2 absences)	Good _____ (3-4 absences)	Fair _____ (5-8 absences)	Poor _____ (Frequent absence)
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*Any special circumstances for absences:

2. Arrival for class/work is generally on time:

Always _____	Most of the time _____	Sometimes _____	Seldom _____
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3. Completion of class assignments, homework, special projects are generally completed and submitted on time:

Always _____	Most of the time _____	Sometimes _____	Seldom _____
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4. Participation and demonstrated interest in activities is:

High _____	Very good _____	Good _____	Fair _____
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5. As class spaces for these classes may be limited, it is important that those selected will have a commitment to complete the course. This means that the student must be at school every day, on time, and with completed assignments. Based on your information, would you recommend this student?

Highly _____	Recommended _____	Recommended w/reservations _____	Not Recommended _____
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6. Additional comments:

Reference Name (print) : _____

Signature: _____

Date: _____ **School/Organization:** _____

Phone/Ext: _____ **e-mail:** _____