

Medical Explorers Reference Form

To be completed by student:

Student Name: _____ Grade : _____

The Family Educational Rights and Privacy Act of 1974 opens student’s records for the student to inspect. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant’s signature constitutes a waiver: no signature indicates the student will have the right to read this reference.

Signature of Student (type): _____ Date: _____

To be completed by evaluator:

I know the student listed above: Very well Fairly well Limited Acquaintance

In what capacity do you know this student? _____

	Excellent	Good	Average	Below Average	Unknown
Written Communication					
Maturity					
Dependability/Attendance					
Organizational Skills					
Initiative					
Decision-Making/Problem-Solving Skills					
Ability to Follow Instructions					
Leadership Skills					
Verbal Communication Skills					
Interpersonal Skills					

List student’s strengths and weaknesses:

Comments:

Name/Title: _____

Signature (type): _____ Date: _____

Email address: _____

***You may use an employer, teacher, counselor, pastor, etc., for your references. Do not use a friend or peer for this form.**

Submit form to kristaharmon@kentisd.org no later than December 1, 2024

