



Confidential School Recommendation
 Centro SOL Youth Summer Program

This form to be completed by a school teacher and emailed to centrosol@jhmi.edu by March 3, 2017

Student Name: _____

Parental Consent: *I authorize the release of information from my son/daughter's school records to the Centro SOL and Office for Student Diversity, Johns Hopkins University School of Medicine.*

Parental Signature: _____ *Date:* _____

Dear Counselor or Teacher

A student applying for volunteer service must have a recommendation from a school representative. Your evaluation comments are appreciated. The information you provide may be reviewed by a potential supervisor. You may give the student the evaluation in a sealed envelope with the signature across the flap or you may mail it to the address listed in the top right corner of this form.

	Excellent	Good	Average	Below Average
Attendance				
Courtesy				
Dependability				
Initiative				
Scholastic Record				
Motivation				
Spanish Language Skills				

Do have any concerns about this student:

Name(Print): _____

School: _____

Title: _____

Signature: _____

Date: _____