



Confidential School Recommendation
 Centro SOL Youth Summer Program

This form is to be completed by a school teacher and emailed to [sjvarez6@jhmi.edu](mailto:sjuarez6@jhmi.edu) by Jan. 15th, 2018

Student Name: _____

Parental Consent: *I authorize the release of information from my son/daughter's school records to the Office of Student Pipeline Programs, 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 left corner of this form.

	Excellent	Good	Average	Below Average
Attendance				
Courtesy				
Dependability				
Initiative				
Scholastic Record				
Willingness				

Do have any concerns about this student?

Name (Print): _____

School: _____

Title: _____

Signature: _____

Date: _____