



# Health Sciences Collegiate Academy 2025 Application Materials

HEALTH SCIENCES  
COLLEGIATE ACADEMY

## Recommendation Form #1

Student's Name: \_\_\_\_\_

**Student:** Give this form to one of your current teachers or counselors. You must have two recommendations submitted to complete the application.

**Teacher/Counselor:** Please complete this form and return it to the Guidance Office by Feb. 21. The student waives his or her rights to review recommendations submitted for this application.

<b>Please check the appropriate box:</b>	<b>N/A</b>	<b>Unsatisfactory</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one:  This student will excel in an accelerated curriculum.  
 This student will do well in an accelerated curriculum.  
 This student could do well in an accelerated curriculum, but I have reservations.  
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Subject: \_\_\_\_\_

School: \_\_\_\_\_



# Health Sciences Collegiate Academy

## 2025 Application Materials

HEALTH SCIENCES  
COLLEGIATE ACADEMY

### Recommendation Form #2

Student's Name: \_\_\_\_\_

**Student:** Give this form to one of your current teachers or counselor. You must have two recommendations submitted to complete the application.

**Teacher/Counselor:** Please complete this form and return it to the Guidance Office by Feb. 21. The student waives his or her rights to review recommendations submitted for this application.

<b>Please check the appropriate box:</b>	<b>N/A</b>	<b>Unsatisfactory</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
Student's Academic Performance						
Student's Motivation						
Student's Thoroughness & Punctuality						
Student's Self-discipline						
Student's Cooperativeness and ability to work in groups/teams						
Student's Respectfulness and Consideration of Others.						
Student's Interest in STEM						
Student's interest in medical/health related professions.						

- Please check one:  This student will excel in an accelerated curriculum.  
 This student will do well in an accelerated curriculum.  
 This student could do well in an accelerated curriculum but I have reservations.  
 This student is not ready for an accelerated curriculum.

Rationale for Checked Box: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Subject: \_\_\_\_\_

School: \_\_\_\_\_