



**CONFIDENTIAL
STUDENT REFERENCE**

*TIME SENSITIVE - SEE IMPORTANT RETURN INFORMATION BELOW

To be completed by an adult who knows the applicant well.

THIS IS AN ADOBE FILLABLE FORM

MedQuest applicant's name: _____ School: _____

Thank you for taking the time to complete this form. The above-mentioned student is applying to attend Northern Vermont AHEC's MedQuest 2018 Health Careers Exploration program. MedQuest is a weeklong, intensive program on a college campus for 10th grade students. The program offers exposure to many health professions through job shadowing, workshops and discussions. It also offers basic medical skills training. MedQuest is a highly competitive program. Your candid feedback is vital to the selection process. Please fill this reference out in its entirety. Your thoughtful consideration is greatly appreciated.

1. Please describe how long you have known this applicant and in what capacity:
2. Applicant's strengths, as you see them:
3. Applicant's challenges, as you see them:

Please rank the applicant in the following areas, where 5 is highest and 1 is lowest. If you do not have experience with the applicant in an area, please choose N/A.

INTEREST IN SCIENCES
(Academic and extra-curricular activities related to science).....

INTERPERSONAL SKILLS
(Ability to get along and share space with others).....

MOTIVATION
(Interest in strengthening academic and college preparation skills).....

MATURITY
(Able to function appropriately in a professional setting, which could include working, speaking, and observing confidentiality with health care professionals and patients).....

4. **Summary Comments:** Please note overall impression of student and any additional pertinent comments.

Evaluator's Printed Name: _____	Daytime Phone Number: _____
Evaluator's occupation and/or title: _____	Date: _____

***Completed Student Reference Forms must be submitted directly by you, the evaluator.**
Reference forms included with the student's MedQuest application will not be accepted.

Please save file & email or print, scan & email to MedQuest@nvtahc.org or mail to:
MedQuest 2018, Northern VT AHEC, 347 Emerson Falls Road, Suite 3, St. Johnsbury, VT 05819
Please allow 5 days if sending via US mail.

Forms must be received by 5 pm WEDNESDAY, MARCH 7, 2018.

Questions? Contact Carlinne DeLima at (802) 748-2506