

MEDQUEST 2017

June 25 – June 30, 2017

**CONFIDENTIAL
STUDENT REFERENCE**

*TIME SENSITIVE - SEE IMPORTANT RETURN INFORMATION BELOW

To be completed by an adult who knows the applicant well, such as: health professional, coach, school counselor, teacher, mentor, spiritual leader.

MedQuest applicant's name: _____ School: _____

This student is applying to attend Northeastern Vermont AHEC's MedQuest 2017 Health Careers Exploration program. MedQuest is a week-long, residential program for 10th grade students from northeastern and central Vermont. 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. Thank you!

1. APPLICANT'S STRENGTHS, as you see them:
2. APPLICANT'S CHALLENGES, as you see them:
3. Do you feel this applicant is mature enough to function appropriately in a health care setting, which could include working, speaking, and observing confidentiality with health care professionals and patients? Yes ___ No___

PLEASE RANK THE APPLICANT IN THE FOLLOWING AREAS. *If you do not have experience with the applicant in an area, please mark N/A.*

	Highest				Lowest	
LEADERSHIP SKILLS (Ability to make good choices, work effectively with others, etc.)	5	4	3	2	1	N/A
INTEREST IN SCIENCES (Academic and extra-curricular activities related to science)	5	4	3	2	1	N/A
INTERPERSONAL SKILLS (Ability to get along and share space with others)	5	4	3	2	1	N/A
MOTIVATION (Interest in strengthening academic and college preparation skills)	5	4	3	2	1	N/A
MATURITY (Responsibility, adaptability, respectfulness)	5	4	3	2	1	N/A

4. **SUMMARY COMMENTS:** Please note overall impression of student and any additional pertinent comments.

Evaluator's Printed Name: _____ Signature: _____

Evaluator's occupation and/or connection to applicant: _____

Date: _____ Daytime Phone Number: _____

***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 either scan & email to MedQuest@nevahec.org or mail to:

MedQuest 2017, Northeastern 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 1, 2017.

Questions? Contact Kim O'Connor at (802) 748-2506