

High School Service Intern Recommendation Form

As a part of a student's application to intern at St. Elizabeth Healthcare, a recommendation form from a teacher, school counselor or administrator is required. To assist this student in their application to intern, please complete the form below.

ALL INFORMATION IS CONFIDENTIAL

Student's Name:						
Your Name:						
School:	chool: Length of time known student:					
Relationship to student:						
Please briefly describe why yo	ou are recomi	mending th	is student	to be an Inte	rn at St. Elizabeth:	
Please rate your experience w	ith this stude	ent regardin	a the follo	wing stateme	ents:	
This student	Superior	Good	<u> </u>	Poor	Comments	
is dependable	Gaperior	0000	ran	7 007	Comments	
uses good judgment						
relates well to others						
presents neat appearance						
has patience with others						
accepts instruction						
completes their work						
does quality work						
respects confidentiality						
communicates well						
communicates wen						

Would you recommend this student to intern in a hospital setting? ___Yes ___No

We appreciate your comments on this student's application to intern at St. Elizabeth!