

CHAMPIONS NETWORK RECOMMENDATION FORM #2

DUE DATE: MARCH 30, 2018

The student named below is applying for the CHAMPIONS NETWORK summer program, in which Chicago high school students learn about health careers and become health advocates to help improve the health of their community. You have been selected by the applicant to submit your comments on his/her qualifications. Please use this form to evaluate the applicant.

Once you complete this form, please upload it directly to the Additional Requirements section of the application on our website, <https://www.healthchampionschicago.com>. Thank you!

- Applicant Name: _____ High School: _____
- What is your relationship with the applicant? (i.e. teacher, coach, etc.) _____
- How long have you known the applicant? _____

Please rate the following personal characteristics:

Characteristic	Below Average	Average	Above Average	Excellent	No Opinion	Comments
Self-confidence (<i>poise</i>)						
Judgment (<i>ability to evaluate a problem, common sense, decisiveness</i>)						
Reliability (<i>punctual, responsible</i>)						
Maturity (<i>ability to deal with a variety of circumstances</i>)						
Empathy (<i>compassionate, understanding</i>)						
Academic Potential (<i>likelihood to succeed in school</i>)						
Leadership Potential (<i>ability to lead and initiate</i>)						
Interpersonal Skills (<i>ability to work with others and in a team</i>)						
Communication Skills (<i>clarity of written and verbal expression</i>)						

****Overall, how would you recommend the applicant for the CHAMPIONS NETWORK Program?****

☐ Highly Recommend ☐ Recommend ☐ Do Not Recommend

Is there anything else you would like to tell us about the applicant? _____

Recommender Name: _____ **Signature:** _____ **Date:** _____