Teacher/Employer Recommendation Form

Applicant’s Name: ____________________________________ Date: ______________________________

School Name Attending: ________________________________________________________________

Please give this form to your teacher/employer to send directly to us. Please sign below if you waive your right to access this recommendation letter.

Signature of applicant: ________________________________________________________________

Dear Evaluator:

Please evaluate the above applicant in relation to other students at the same level of training.

How well do you know this applicant? (Please include length of time and your association.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Outstanding = top 10%  Good = top 25%  Average = 50%  Poor = bottom 10%

<table>
<thead>
<tr>
<th>Rating of Characteristics</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intelligence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other comments or concerns (attach additional pages if needed):
________________________________________________________________________
________________________________________________________________________

Coach Evaluation
Overall recommendation: Strongly recommend ___ Recommend ___ Do not recommend ___

Name of Evaluator (Please print legibly):____________________________________________

Signature: ____________________________ Date: ____________________________

Evaluator’s e-mail address ____________________________________________

School/Company Name: ___________________ Evaluator’s Phone:_____________

Address: ___________________________________________________________________

Please mail or fax the completed form to:

Coordinator
UC Irvine Health and Science Enrichment Programs
UC Irvine School of Medicine, Bldg. 836
836 Health Sciences Road, Room 1011
Irvine, CA 92697
Fax: 949-824-3385

Or scan and e-mail to: summerpremed@uci.edu

Coach Evaluation