

Fort Drum Regional Health Planning Organization
Regional Recruitment Program

MASH Camp School Counselor Rating and Reference Form

Form must be completed and signed by student's School Counselor.

Student Name: _____

Please verify that the student meets the following application requirements:

1. Student is entering grade 8-12	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Student has a good attendance record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Student has a GPA of 75 or above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please rate the student on a scale of 1-5 on the following characteristics:

(1 being the lowest; 5 being the highest)

4. Student interacts and communicates appropriately with students and adults	
5. Student is an active leader in the school and local community	
6. Student exhibits ability to stay engaged for extended periods of time	
7. Student shows an eagerness to learn and develop new skills	
8. Student has the maturity level to participate in a professional setting	
9. Student has expressed interest in the healthcare field	
10. I would recommend this student to participate in MASH Camp	

Comments:

Counselor Name: _____

Date: _____

Counselor Signature: _____

Fort Drum Regional Health Planning Organization
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