

# Teacher Recommendation Form for Northern Illinois Medical Scholars Summer Program

**Student Applicant:**

**Teacher/Recommender:**

**Subject Taught & Level:**

**How long have you known the student and in what capacity?**

**Date:**

## Part 1: Rating Scale

Please rate the student on the following qualities using the scale below (based on your direct observation in class, labs, projects, or related activities).

5 = Outstanding (top 5–10% of students I've taught)

4 = Excellent

3 = Good/Average

2 = Below Average

1 = Poor/No Basis for Judgment

- Intellectual curiosity and interest in science/medicine/health topics: 1 2 3 4 5
- Ability to grasp complex scientific concepts and apply them: 1 2 3 4 5
- Analytical thinking and problem-solving skills (e.g., in labs or research): 1 2 3 4 5
- Academic work ethic, preparation, and follow-through: 1 2 3 4 5
- Maturity, responsibility, and self-discipline: 1 2 3 4 5
- Empathy, interpersonal skills, and ability to work with others: 1 2 3 4 5
- Ethical judgment and integrity: 1 2 3 4 5
- Resilience in facing challenges or setbacks: 1 2 3 4 5
- Leadership or initiative (e.g., in group projects, clubs, or volunteering): 1 2 3 4 5
- Overall potential to succeed in a rigorous medical scholars/summer immersion program:  
1 2 3 4 5

## Part 2: Specific Examples & Narrative

Please provide detailed responses with concrete examples where possible. These help the selection committee understand the student's fit for a medical-focused program emphasizing science, service, and professional exploration.

1. Describe the student's strongest academic strengths.

---

---

---

2. What makes this student stand out from peers?(e.g., relevant extracurriculars, volunteering, shadowing, independent reading, or personal motivation)

---

- 
- 
3. Provide an example of how the student has demonstrated empathy, communication skills, or teamwork—qualities important for future healthcare professionals.

---

---

---

4. Additional comments: Any other observations about the student's character, potential in healthcare fields, or suitability for this opportunity?

---

---

---

**Overall Recommendation**

- Enthusiastically recommend  
 Strongly recommend  
 Recommend  
 Recommend with reservations  
 Do not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name & Title:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Thank you so much for your help. This form can be emailed to:

[info@northernillinoismedicalsolars.com](mailto:info@northernillinoismedicalsolars.com)